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THE

MEDICAL AND SURGICAL REPORTER:

A WEEKLY JOURNAL.

(ESTABLISHED IN 1858 BY S. W. BUTLER, M.D.)

EDITED BY

D. G. BRINTON, M.D.

JANUARY—JULY, 1876.

VOL. XXXIV.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 983.] PHILADELPHIA, JAN. 1, 1876. [VOL. XXXIV.—No. 1.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

LIFE INSURANCE COMPANIES AND PULMONARY PHTHISIS.

BY WILLIAM GLEITSMANN, M. D.,

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The object under consideration is of such vast importance to a large body of corporations, as well as to the single individual, whose whole confidence and hope for the support of his family after his death are based on the honest and careful management of these companies, that it may be of value to dwell on this question more closely. The great mortality from pulmonary phthisis in life insurance companies has been eliciting many comments and efforts to explain the large share which falls to this disease amongst the class of so-called selected lives. Many different explanations have been sought for, according to the basis which a writer occupies, but so far we see but little practical value for the companies arising from these discussions. I do not pretend to explain and remedy this evil, but simply desire to express some thoughts which occurred to me in reading a paper and discussion following, etc., which took place at the Ohio State Medical Society.* Although the number of people dying from the disease in question is decidedly beyond our expectation, and certainly not in proportion to the care bestowed upon the examination of the applicants, I, however, think that the writer of the above-named article is somewhat exaggerating the death-rate. He says, on page 85, "that the mortality from consumption among the selected lives of insurance companies in England is from 25 to 30 per cent.;" which assertion I am not able to discuss, as I have no reports of English life insurance companies at hand. But the statement on the same page, that "in our own country the mortality tables of insurance companies indicate that consumption is responsible for one death in every four, and often for one in every three of the total mortality," and furthermore, "that consumption claims a larger percentage of victims from selected lives than from the population at large, even after excluding those under 16 years of age," may be an excuse for the following remark.

Table VIII of my statistics,* based on data received from twenty-five of the largest companies in the United States, and enumerating the deaths from all causes and from phthisis, in their relation to each other and to living members of the companies in 1873, embraces 4890 deaths from all causes and 837 from phthisis, and shows a much more favorable proportion for our American companies, as only 17·11 per cent or about $\frac{1}{6}$ of all deaths were, according to this table, caused by phthisis. The same table also contains the statement that the German life insurance companies have not only a larger death-rate from all causes, but also from phthisis, as they lost 20·5 per cent of their members in 1871 by the latter disease. But also in these companies the

* *The Medical and Surgical Reporter*, July 31st and August 28th, 1875.

* Statistics of the mortality from pulmonary phthisis in the United States and in Europe. Baltimore, Turnbull Bro., 1875.

death-rate from phthisis does not reach the high figure of 25 or 33 per cent.

The relation between deaths from phthisis of populations at large and selected lives, is shown by the following calculation: life insurance companies have hardly ever losses by deaths occurring among members under 20 years of age. Of 772 persons dying from phthisis, whose age is given, only one died under 20 years. We can, therefore, compare the death-rate of insurance companies with the same of entire communities, by subtracting in the latter case all deaths, and the deaths from phthisis, under 20 years. Although the United States census of 1870 does not give the actual number of deaths, and therefore, not the relation of deaths to living populations, the distribution among the different seasons, sexes, ages, occupations, etc., can fairly be assumed to represent a correct co-relation. The United States census shows 492,263 deaths from all causes, and 699,896 from phthisis. Under 20 years of age 265,783 died from all causes, and 12,280 from phthisis, leaving 226,480, respective 57,616 for all ages above 20 years. Under 100 deaths, therefore, 25.48 were caused by phthisis, which is a considerably higher ratio than the insur ance companies represent.

Although these figures show a more favorable condition of the companies, still their death-rate is quite out of proportion, considering the circumstances under which their members are accepted. Besides the two points mentioned, there is a third, which is even more surprising and of greater importance for the companies than a death-rate of 17 or 20 per cent. Twenty-two companies gave the length of time that those who died from phthisis were insured, and from their reports the remarkable fact is evident, that they had 54 deaths among people who were insured* only one year or less. Seventeen of these companies gave the duration of insurance only for the period of entire years, but five, giving the time in years and months, show that 2 deaths occurred after 3, 1 after 4, 3 after 6, 1 after 7, 2 after 9, and 1 after 10 months from the time the application was granted. Considering the extremely short time of insurance in these cases, and the large number dying within the first year of their membership, we are justified to assume that a number of persons are accepted who are already tainted by disease.

* l. c., Table x, p. 52.

Against this fact all the efforts of the companies are directed and concentrated, and in this connection a few suggestions may be allowed.

We can scarcely expect that the actions of an agent, or of an applicant, can ever be perfectly controlled by the companies. Both are interested parties to effect the insurance, whilst the companies are anxious only to take "good risks," and the physician, as a neutral party, stands between them and the two former. In order to avoid any possible cöoperation of the physician and canvasser* and to make the former perfectly independent, the companies ought to have stringent and binding rules, not to accept any application, except when filled by the physician, who is especially selected and authorized by the home office. But even in this case there will always be a certain dissimilarity between the examinations of the physicians for different companies, some passing the applicants more readily, whilst others make thorough and rigid examinations. It will happen, that persons are rejected by one physician and company, and accepted by the next one to which they apply. This state of affairs can easily be changed, if all the companies doing business in one city will agree to appoint one physician only, who shall make all examinations for all the companies. He would draw a very good income from his position, perhaps a better one than his practice would yield him, and could devote all his time to the life insurance business. He would never be compelled to hurry through an examination for the sake of his own business, and would assume a position which would make him perfectly independent of all agents and canvassers. The profit arising from this arrangement would be a double one, for the companies and their members. The companies would pass less "bad risks," and the insured would profit from the greater soundness of the members, by larger dividends.

The medical examination itself, as the most important point of all, presents another feature worthy of discussion. Above all, the companies should pay the physician well for the labor he bestows in their interest, and five dollars ought to be the lowest medical fee for an examination, which, in order to be thorough and answering to the interest of the company, would require adequate time and skill. If a physi-

*Unfortunately this happened on a quite extensive scale, not long ago, in a well known company of high standing.

cian, so often pressed by urgent business, has not the full equivalent for his work, he might become induced not to devote so much attention to a single case as the interest of the company would require. There may always be medical examiners who do not do their full duty in every respect, or lack the necessary experience and skill, but it would be wrong not to limit these faults to single cases, and to make the physician responsible for the high mortality from phthisis, as the author in the Philadelphia Reporter expresses, on page 85.

This spring some few companies thought it to their interest to issue formula of applications, comprising most rigid questions, to be filled out at the examination. The question of law, which arose from the reservation pretended by these companies in the formula, has been well and strikingly ventilated by the well-known Baltimore lawyer, Reverdy Johnson. The guarantee and safety of medical examination will scarcely be increased by a lengthy and rigorous series of questions. The physician in the service of an insurance company will alalways direct his attention to the whole present sanitary condition of the man before him, and will probably arrive at the proper result in less time and with less inconvenience for himself and the applicant than when he is compelled to answer the questions of several pages. The protection of the companies lies always in a careful examination, that cannot be regulated by an answer to a number of stipulated questions, but the extension of which in certain directions must be left to the discretion and judgment of the physician, to meet the requirements of the special case. It is, therefore, the examination itself, and the auxiliaries employed in it, that have to be considered, if not capable of an amelioration. The transfer from the agent to the physician, to ask all the questions pertaining to the history of the applicant, is very appropriately stated in the article of the Reporter. Besides the unpleasantness arising to the applicant in some cases, to state details of his former life to the agent as a layman and a stranger, it is often very important to know exactly what kind of disease the party has had in former years.

In cases where pulmonary deposits have already been formed, or a phthisical catarrh of the alveolæ and finest bronchioles, with the usual consequent symptoms, has made its appearance, the diagnosis by percussion and auscultation is an easy matter for the examiner. Such cases, however, are seldom presented, as the manifestation of the disease is mostly within the knowledge of the individual. But in practice we frequently meet with persons who have a more or less delicate complexion without being unwell. They may be liable, once in a while, to a slight catarrh of the air passages, which passes off again without leaving any traceable sequelæ. We can observe no loss of strength, weight or appetite; the party may have a good family record. The examiner hesitates to decline the applicant absolutely, when he presents himself at the time of his catarrhal affection, proposes a second examination, and finding him well after a week or two, recommends him for insurance. We have no positive means, neither by physical examination nor by symptoms, to decide if the above quoted instance is of a merely transient character in a sound person, or due to the incipient stage of phthisis, when there will be a repetition of its occurrence, with the following order of well-known symptoms. In the very earliest stages of the commencement of phthisis, one single observation and examination renders it sometimes very difficult to form a judgment upon the nature of the otherwise harmless affection. If in such cases we use the spirometer, and apply it properly, we avail ourselves of an auxiliary help to diagnosis which is not to be under-estimated. But it is not the simple application of the spirometer, without any further consideration, as I have already advocated in a former paper.* We have to calculate first the physiological capacity of the lungs of the person presented for examination, as no average standard exists, and the physiological figure has to be calculated for each single individual. The first use of the spirometer with this object in view was made by John Hutchinson, who was also the inventor of the first instrument of this kind answering scientific demands. Previously, only unsuccessful efforts had been made, proving perfectly unreliable, owing to inaccuracy of the instruments. So Kentisch† made patients expire into a graduated bell; Abernethy,‡ into an overturned glass, which was filled with water. Hutchinson published his exten-

* Value and Utility of the Spirometer for Life Insurance Companies. Baltimore *Underwriter*, August 20th, 1874, reprinted, New York *Medical Record*, October 15th, 1874.

† Kentisch: an account of baths, with a drawing and a description of a pulmometer. London, 1811.

‡ R. Laennec, Traité de l'Auscultation médiate, 3 ed. Paris, 1831, vol. I.

sive investigations in 1846,* and drew very soon the attention of the profession to his researches. He declared the vital capacity mainly dependent upon height, weight, and age, and was followed by Simon,† who confirmed his statement, especially regarding height, and brought two more factors into consideration, viz., the circumference and expansion of the chest. Later investigators, such as Wintrich,‡ who examined over 3500 individuals, Schneevogt,§ and others, eliminated the weight as one of the main factors of calculation, on account of its variability, and Wintrich stated the influence of the age on the spirometrical capacity more precisely. We will arrive at a very good and reliable figure, when we make the height, age, sex, circumference, and expansion of the chest the basis of our calculation. Age comes less into consideration with life insurance companies, as the highest capacity with the least deviation pertains to the age between 20 and 40 years, the age when the majority of the people present themselves for insurance. The other four factors are easily determined at the examination, and the insurance companies can very well furnish tables to each examining physician, which enable him to calculate the normal physiological capacity belonging to the respective individual. If the circumference or expansion exceeds or remains under the normal figure, the correction can be made without difficulty. Already Hutchinson, who examined a great many persons suffering from lung diseases, and still more Wintrich and Schneevogt, pointed out the value of the spirometer for examination of soldiers to be enlisted in the army, and mainly for life insurance companies. Hutchinson relates the interesting case of a gentleman, who, examined by him for the first time, was in perfect health, and had, with a height of 209 centimetres,‖ and a circumference of the chest of 117.5 centimetres, a capacity of 7118 cubic centimetres.¶ Two years later, the patient was examined by two experienced physicians, who could not detect any disease of the lungs, and the spirometer indicated only 5040 centimetres. Not quite a year later, he died from phthisis. Almost all the writers on this subject agree, that if the spirometer is used in the manner above described, it often indicates the incipiency of phthisis, where percussion and auscultation cannot reveal the disease yet. With these remarks, it is not desired to say that the physical examination is less necessary or loses any of its value; on the contrary, percussion and auscultation always remain the main help to diagnosis; but in cases where they fail to give proof of disease, the deficiency from the physiological capacity, indicated by the spirometer, ought to rouse our suspicion and attention, and induce a renewed, perhaps more careful examination, before deciding about the case. According to the unanimous consent of all investigators, the deviation from the normal figure, under ten or fifteen per cent. of the physiological capacity, allows us to assume the probability of an existing, although latent disease, whilst a decrease of twenty per cent. gives almost certainty. Over ten per cent. deviation from the normal mean should always raise our attention. Hutchinson says that the loss in the first stage of phthisis amounts from 10 to 50, in the second from 50 to 85 per cent. of the physiological figure. To conclude with an example from my own practice, a patient staying little over four months at my Sanitarium, showed, when he came, 2050 centimetres. He had suffered from hæmoptic night sweats, troublesome cough, fever to a slight extent, and was very weak and not able to walk any distance. Although not entirely recovered, yet he has now not only gained considerable in weight and strength, and is able to walk almost as well as any sound person, but also, his appearance and complexion are natural, and his cough has almost disappeared, especially when he is at rest. Percussion and auscultation do not detect any abnormal status, his family record is good, and if he would be anxious to obtain a life insurance, and would conceal his former disease, he might be accepted. If we take the spirometer in hand, we find that he has 3200 centimetres (a gain of 1150 centimetres), but according to his height, of 178 centimetres, and the circumference of his chest, of 89 centimetres (expansion in accordance with the standard figure of 178 centimetres height), he ought to have 4050 centimetres. He has, therefore, 850 centimetres less than his physiological figure. That similar

* John Hutchinson on the Capacity of the Lungs, etc. *Medico-Chirurg Transact.*, 1846, vol. XXIX.

† *Gust. Simon.* Über die Menge der ausgeathmeten Luft bei verschiedenen Menschen. Giessen, 1848.

‡ *M. A. Wintrich.* Krankheiten der Respirations organe. Handbuch der speciellen Pathologie and Therapie, Bd. V, Abtheilung 1. Erlangen, 1854.

§ *Voorhelm Schneevogt.* Ueber den practischen Werth des Spirometers, in der Zeitschrift fuer rationelle Medizin. Neue Folge, Band v.

‖ 12 inches English measure equal to 30.48 centimetres.

¶ 1 cubic inch equal to 16.4 cubic centimetres.

cases frequently present themselves to life insurance companies, can scarcely be doubted, from the high number of deaths, as well as from the short time of the insurance, in some cases. To my knowledge, the spirometer has once before been used by the companies, but was given up, as not yielding satisfactory re-results. If the companies are willing to apply the spirometer in the manner set forth above, it will not fail to be a reliable and useful means of confirming or detecting the disease in question, and so save the companies losses which otherwise may fall to their share.

EXPERIENCE IN HYPODERMIC MEDICATION.

BY J. D. W. HENDERSON, M. D.,
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Within the last two or three years, in a frequent interchange of opinion with professional brethren, I have noted the fact that quite a large proportion have little or no experience with the hypodermic method of administering medicines; many of them having never given it a single trial, and a few manifesting a decided antagonism to its adoption.

My experience with the hypodermic method of administering remedies has been fully up to the prompt performance of my requirements. In a series of years these demands have been by no means few. That it is entirely free from danger, I deny; while, at the same time, I aver that its dangers are no greater, where the proper precautions are used, than those experienced in the administration of remedies by the mouth or rectum. My experience leads me to conclude that a resort to the hypodermic method is justifiable, and urgently demanded when, from irritability of stomach, or some other cause, our remedies cannot be taken in the usual way; when, from delirium, suicidal intent, or obstinacy, our patients refuse to attempt to swallow; in cases in which we want a prompt effect; when medicines given in the ordinary way fail to do their work, and where we wish an instantaneous, or almost an instantaneous, effect of a drug.

I have never resorted to the hypodermic use of nutritious substances. My operations have been principally confined to the relief of pain, insomnia, and violent nervous symptoms. The hypodermic syringe is familiar to most physicians, and needs no description here. The graduation of the cylinder I do not regard as of the first importance, but I find it of great convenience in practice. While some authorities tell us there is little pain produced by the insertion of the tube, my experience justifies the belief that considerable nerve is required to endure the ordeal. I have, on different occasions, where the instrument had to be used several times during the same day or night, inserted the tube into the point first punctured. But I do not regard this as good practice.

My custom has been to have my medicinal agent dissolved in as small an amount of water as possible, so as to have the greatest attainable result, with the least probability of inflammation or abscess from a deposition of a foreign substance in the cellular tissue. My point of selection has been, as a rule, the insertion of the deltoid; occasionally I have chosen the thigh.

Sulphate of atropia and sulphate of morphia I mention, in their relative importance, as the remedies which have given the best results in my hands. The latter has always seemed to me less prompt than the former. I have no doubt as to the result in case the atropia itself were used, but the ready solubility of its sulphate in water is an advantage which should not be overlooked. One grain of sulphate of atropia, dissolved in sixty drops of water, and kept in a securely stoppered bottle, makes a supply sufficient for a great many injections; and, in cool or cold weather, undergoes no appreciable change from the growth of fungi, decomposition, or flocculent deposit. I usually placed thirty or forty drops of this solution in my syringe, introduced the tube, after I was sure every particle of air was excluded from the instrument, then, by a motion of the syringe from the right to the left, and from the left to the right again, I caused the point of the tube to lacerate the cellular tissue so as to form a small cavity to receive the injected fluid. This last procedure was designed to prevent the escape of the solution around the tube, at the point of entrance. Of course, inserting an instrument filled with such a powerful fluid into the patient's arm is a procedure demanding very careful manœuvring on the part of the physician; for a sudden movement might throw into the fibro-areolar tissue such a quantity of the atropia as to destroy the patient, or at least give occasion for serious apprehension. This accident has always been guarded

against, on my part, by pushing down the piston rod by a very slow rotary motion, watching the cylinder carefully all the time, so that the required number of drops, and no more, should be given. This is why I regard the graduation of the glass cylinder of so much importance.

Where I have reason to believe that one injection will not suffice, I do not withdraw the instrument, but allow it to remain in position; by sitting near, the patient can be prevented from serious accident, and can receive a second, or even a third dose, and be spared the pain of a reinsertion of the sharp tube, which I regard as of some importance, especially with a nervous patient. My commencing dose of sulphate of morphia has usually been one-fourth of a grain for an adult; but I believe one-eighth of a grain would be safer and better. Two drops of my solution, representing the one-thirtieth of a grain of sulphate of atropia, constitute the dose with which I have, ordinarily, heretofore, begun the treatment of any case. I have no experience with hypodermic medication in the treatment of the diseases of children; my subcutaneous injections have all been limited to adults. On more than one occasion have I given, hypodermically, the large dose just mentioned, and repeated every half-hour until a second and a third dose had been inserted; yet this large amount, in all the one-tenth of a grain, produced no alarming symptoms, but yielded the happiest therapeutic results. The patient who endured these heroic doses was one in whom, from frequent repetition of the agent, there seemed to be established an unusual tolerance of this alkaloid. In all cases, and under all circumstances, I watch the pupil carefully, and inquire frequently whether there is any dryness or stiffness of the mouth and throat; and when there is the least dilatation of the pupil, or complaint of constriction of the throat, I deem it prudent to withdraw the instrument.

The case to which I have just referred was a very interesting one, and I will give some of its details. My patient had been, for a long time, quite an invalid; and had been treated, at different times, for pleuritis, pneumonitis, hysterical vomiting, and insomnia. On one occasion she was suffering great pain, and could retain nothing when administered by the mouth; a resort to the sulphate of atropia seemed my only resource, and it was given in the usual way, with an interval of half an hour between each dose. Very soon after the third dose had been given, I was alarmed by the sudden supervention of aggravated symptoms of poisoning from belladonna. There was a convulsive movement of the whole body, the jaws and mouth became tremulous, the face, which a moment before was pale enough, assumed a red, then a livid hue. accompanied with tumidity; the pulse became very rapid and seemed finally lost at the wrist; in fact, there seemed to be a total prostration and paralyzation of all of what the ancient physiologists termed the vital functions. The case seemed hopeless enough.

Fortunately, I had with me a quantity of sulphate of morphia, and having faith in its antidotal powers, I speedily dissolved something over one-fourth of a grain in a little water, and threw it into the arm. I soon had the joy to discover the pulse assuming its wonted work at the wrist, and my patient returning to consciousness. This was the only bad result I have ever witnessed; but it taught me a lesson.

I am confirmed in the belief that small doses are better than large ones. It is far easier to repeat a small dose than to combat the mischief done by one too large. One drop of my solution, representing one-sixtieth of a grain of sulphate of atropia, is the dose I now prescribe in a robust adult patient; in half an hour I would repeat, if there was no palliation of pain or other unpleasant symptoms, and in one hour from the second injection would throw in a third one, if necessary. I would diminish this quantity if I thought the indications demanded it. But the frequency of the dose must be regulated by the urgency of the peculiar symptoms in every case. A little preliminary treatment is sometimes required. An emetic to evacuate the stomach just after a full and hearty meal, or an enema to unload a distended rectum, might, very properly, in many cases, precede the subcutaneous use of the anodyne; but I imagine the cases are few indeed in which the medical attendant is compelled to waste precious time in this way.

Emetics, tonics, oxytocics, nutritive substances, all these, and doubtless many other remedial agents, may be given subcutaneously; but I have never met with any cases which I thought demanded their use in this manner.

I remember once being asked, by a very able physician, what advantage the hypodermic method possessed over the old methods of administering medicines. Need I point to hys-

terical vomiting and aggravated cholera morbus; to the agonies of neuralgia in its manifold forms, to threatened miscarriage, with its frequent accompaniment of irritable stomach and throbbing brain, to cholera itself, and many other affections, and note the promptness with which they so often yield to hypodermic medication, to answer this question?

Quite recently I was called to see a young woman in about the fifth month of her first pregnancy, who was threatened with miscarriage. She had quite a violent fever, a severe headache, an irritable stomach, and constipated bowels, with frequent recurring uterine pains. Opium and its preparations, bromide of potassium, creasote, subnitrate of bismuth, the rectal syringe, all failed. Two or three, at furthest, of the drop doses of my solution of the sulphate of atropia, gave her complete relief. She passed a comparatively comfortable night, had an alvine evacuation next morning, and in a few days was well enough to visit me at my office.

At another time, I was called to see a patient suffering from an attack of neuralgia of the cardiac orifice of the stomach. The attack was unusually severe and refused to yield, as on former occasions, to the ordinary remedies; the sulphate of atropia did not disappoint my expectations in this case.

But it is needless to multiply cases. I have given only a few out of the many instances in which I have resorted to the hypodermic method, and almost, if not quite, with invariable success. I would feel lost without my hypodermic syringe, and is it any wonder that I should be warm in my eulogy of hypodermic medication?

Hospital Reports.

PENNSYLVANIA HOSPITAL.

CLINIC OF PROFESSOR DA COSTA, DEC. 4th, 1875.

REPORTED BY FRANK WOODBURY, M.D.

Autopsy of a Case of Intra-cranial Hæmatoma, Occurring in the Course of Chronic Bright's Disease.

Gentlemen:—I will first call your attention to the post-mortem results of a man who was admitted to the hospital in a dying condition, and who, indeed, never really came under my care, as he expired before I saw him in the morning. His name was ascertained from papers found in his possession, from which it was also learned that he was a laborer, of Scotch extraction, and was probably about forty-eight years of age. The only history that could be obtained was that he had been found at night on the street, insensible, and was brought to the hospital in that condition. He was unable to give any account of himself; his breathing was stertorous, and, in fact, he was in a comatose state. His left pupil was dilated, and did not respond to the light; the right appeared of about the normal diameter, but contracted feebly. The pulse, when he was admitted, was 80, but soon afterward it was noticed that it had fallen to 68. The respiration was labored, the inspirations being twenty-four to the minute. His axillary temperature was 95° F. There was no external evidence of injury, and the face was not much congested. Stimulants, warm applications, turpentine enemata, and all the other efforts to promote reaction failed; even the hypodermic injection of four minims of tincture of digitalis, resorted to by Dr. Hopkins, the resident physician, as a cardiac tonic, was also ineffectual, and the patient died about 7½ o'clock yesterday morning. It should be mentioned that his bladder had been emptied by a catheter when he was first brought in, and the urine was found to be albuminous.

The specimens are before you. You will observe that both kidneys are contracted and that they contain cysts; they well represent the condition known as "the contracted kidney." Now, when you examine such a kidney closely, you will notice first that the organ is smaller in size than in health, and, secondly, that the capsule is contracted and adherent. On section the secreting portion of the gland is seen to be diminished, and masses of exudation may be discerned, which encroach upon and surround some of the pyramids, causing atrophy of their structure. The organs are not fatty, and on applying a drop of tincture of iodine we do not observe the peculiar reddish brown discoloration which denotes and constitutes the test for the presence of amyloid or albuminoid degeneration. The disease is, therefore, the simple contracted or granular kidney of chronic Bright's affection, and occurring in this case of brain trouble is of special interest, because it is preëminently the form of Bright's disease which is apt to be associated with apoplectic effusion. The same general principle underlies both conditions; there is a similar disease of the fine blood vessels of the brain, and of the renal vascular system, connected and coincident.

On looking at the brain we find that a large clot, weighing four ounces, existed on the left side, on the surface, compressing the left hemisphere anteriorly, extending somewhat toward the base of the brain, and coming apparently from the meningeal vessels. The vessels of the membranes were swollen and distended with dark blood. The brain substance was not congested, nor was it softer than normal; but the left side had been so much compressed that the walls of its lateral ventricle were in contact with each other. There was also some reddish fluid in the ventricular cavities.

Now, I have already told you that this form

of contracted kidney is the form that gives apoplectic seizures; but it is also the form that is especially liable to be complicated with uræmia. This was, in the case before you, a very nice point of diagnosis—to determine, when he was brought insensible into the hospital, with stertorous respiration, albuminuric, and comatose, whether this was due to apoplexy or uræmic convulsions. In this connection, the temperature report is significant. You will remember that his axillary temperature on admission was only 95°, therefore several degrees below the normal temperature, which may be considered as 98.6°. This condition of the bodily heat, occurring in a case of what may be called a stroke, if you please, favors the view that it is apoplectic. When cerebral apoplexy occurs, the temperature of the body becomes greatly depressed, and remains so for some time. If the patient live, as he improves the thermometer rises steadily, until it gets a degree or two above normal, where it will remain for a considerable period; should a fresh effusion occur, it will fall as before, to repeat the same course if life continue. This is a point that can be turned to good account in doubtful cases. It is important, because, upon the diagnosis depends the treatment, and on your prompt recognition of the cause of the convulsion may rest the life of your patient. What would be eminently proper for a man with a clot in the brain, might prove fatal to a person suffering from uræmic poisoning of the blood. The course of treatment in each case is radically different, but I will not dwell upon it, as the patient did not come under my care; I merely brought the post-mortem results before you to illustrate certain points of pathological interest connected with it.

Brain Tumor vs. Chronic Meningitis.

The next case brought before you is full of knotty points, and is one the discussion of which will bring before you some of the obscure points in the diagnosis of brain disease. The man's statements are confusing and confused, but this is part of his disease, he cannot help it; at the same time it makes deductions from his statement unreliable. His memory is somewhat impaired and he recalls incidents with difficulty, but the chief points in his history are as follows: His name is Joseph S., a sailor, of American birth; he is thirty-nine years of age. He is, apparently, a robust, plethoric man, whose health has been generally good. He has always been a drinking man; on only one occasion, however, had he any symptoms of mania-a-potu; this was about ten years ago, and was merely a light attack of delirium-tremens after a debauch, which lasted only one day. He persistently denies venereal disease, but states that, about five years ago, he had a non-specific discharge from the urethra for a few days, following a contusion of the perineum. Eleven months ago he was in good health, apparently, and was standing on the deck of his ship, when he suddenly found himself unable to speak; this condition continued about ten minutes, and then passed off entirely; while it continued he was neither unconscious nor paralyzed, although some papers that were in his hand at the time fell to the deck. He continued at his work, although the attacks recurred several times during the succeeding six months, but at no time had they been accompanied by pain in the head, or other bad symptoms; he was in his usual health. But in May last he had a severe pain in his head, lasting two weeks, for which he entered this hospital for treatment, where it was then regarded as a supra-orbital neuralgia. He was discharged, well, about the first of June, but the pain returned a month later, and he has had more or less of it ever since, although not as severe as the first attack. About one month before his readmission, he had a tonic spasm of the muscles of the right forearm and hand, which lasted only a few minutes, but since then he has noticed a feeling of numbness of the right hand, as if it were asleep, and some weakness in the right leg. His second admission was on the 7th of November, when he complained of frontal headache, not limited to one side; constant "hissing," or tinnitus in the left ear, with some pain, which was found on examination not to be due to any ordinary local cause, as the tympanum appeared to be normal, and there was no impaction of cerum. He had curious sensations, suggesting impaired innervation, the skin of the face felt as if it were drawn tense, the jaws seemed, at times, stiff, as if he had locked-jaw, and his tongue felt as if it were too large for his mouth, but he never bit his tongue or his lips when chewing his food. There were no symptoms of facial paralysis. He answered readily at first, but seemed to hesitate for words if the questioning was prolonged. Occasional flashes of light appeared in the right eye, with temporary dimness or loss of vision; he had lost the power of sight in the left eye since 1862, without any history of previous injury or inflammation of the organ. Examined with the ophthalmoscope, the left eye was found to be cataractous; in the right, the optic disc was very much swollen and prominent, with minute hemorrhagic spots on its surface; the arteries were notably lessened in size, the summit of disc seen with a No. 10 glass; the macula was emmetropic. In short, a choked disc existed in the only eye whose fundus was accessible, indicating disturbed cerebral circulation. To this may be added a statement made by him of having about six years ago received a blow on the left side of his head by a block falling from aloft, which knocked him insensible to the deck, and produced a wound that kept him in bed for three weeks. A depression can be felt at the spot indicated, situated in the vicinity of the coronal suture and about two inches from the border of the squamous portion of the temporal bone. About an inch in front of this may be seen the scar left by a stab from a knife, made five years ago.

He also states that he had two epileptic convulsions eighteen years ago, but has had none since. He never has vertigo, does not stagger when walking, and can walk or stand with his eyes closed. His urine examined was found to be normal.

This is a conflicting history; there is an account of two isolated attacks simulating epilepsy, eighteen years ago, affecting principally the right side; but since that time he has been struck on the head, with possible fracture of the skull. Let us add to this that the grasp of the right hand is defective, and the right leg does not seem to have much power. Tested with the battery, the electro-muscular contractility and sensibility are not so marked on the right side as on the left, but the muscles do respond alike in the arm and leg. Now, what is the matter with the man? His statements could not be fully relied upon; we, therefore, called in the aid of the ophthalmoscope, which revealed a choked disc, and demonstrated the existence of intra-cranial pressure, for this is the most that we can assume it to mean. The papilla was bulged out, and its vessels were almost obliterated, showing obstruction to the circulation, and it is an interesting point for consideration whether or not the cataract in the left eye may not be connected with the same cause, and produced by impaired nutrition.

Examining into the probable nature of the lesion, we find embolism excluded by the fact that the heart is normal; there is no disease of the kidneys; and everything that could act on the brain is negative. The diagnosis thus narrows down to one of two conditions, between which it is difficult to choose, on account of the history. There may be present either chronic meningitis, affecting principally the left side of the cerebrum, or brain tumor. It is hard to decide between these two conditions; I incline to the meningitis, but am by no means set in my opinion. Reviewing the symptoms, we find that this man has had some confusion of ideas, anomalous attacks of temporarily impaired faculties, of severe and afterward constant pain in his brow, of actual one-sided loss of muscular power, as tested by the grasp and the battery, of interfered speech, and choked disc—all signs of pressure upon the brain; but they may happen in either meningitis or in the course of a tumor, so they do not help us much. But what I do consider of importance is this point.

With a tumor large enough to give this group of symptoms, there should be frequent epileptiform convulsions and severe steady headache. It is not so here. He has had no convulsions lately, nothing but evidences of disturbed circulation and loss of power. The absence of marked headache, epileptic seizures, and vertigo, are important points against the hypothesis of a new growth. Again, one-sided loss of power adds additional weight to this view, for hemiplegia is generally considered as conclusive evidence against the existence of a tumor. Besides, there is no cause to lead us to suspect such a condition. There has been no syphilis; this has been carefully inquired into, for this is the usual cause of brain tumor in young people; and he is not old enough to be subject to the forms of cerebral disease that occur late in life. The idea of meningitis seems then to be more tenable. It is a remarkable fact that a tumor is unattended by mental aberration; as a rule, the mind remains clear till the closing scene (always excepting, of course, those cases of cerebral cancer attended by great destruction of brain substance). Mental phenomena do not characterize an intra-cranial growth, but generally do attend the course of inflammation of the meninges.

You ask me, why not speak of the blow on the head? Because I am obliged to say that we cannot accept the history as conclusive; we can take the general facts, but must not depend too much on special statements. I have discussed, at some length, the evidence of increased intra-cranial pressure, the loss of power on the right side, and the peculiar mental state of the patient, as being the leading features in the case.

In regard to the treatment, he has been taking ten grains of iodide of potassium, morning, noon, and night, since his admission into the hospital; this dose shall be now increased to twenty grains, and blisters shall be applied to the back of the head and behind the ear. The bowels shall be kept open by Rochelle salt, and he shall have a nourishing diet, without any stimulant whatever; in other words, a strong alterative regimen. This will fall in with the diagnosis. If it is a case of meningitis, it will be improved; if one of tumor, the treatment will do it no harm.

In dismissing the patient, I will mention that this case well illustrates the importance of the ophthalmoscope in obscure cases of cerebral disease; without its aid the diagnosis would have been far less certain than it is.

Cirrhosis of Liver and Kidneys, with Ascites.

This case, although not as interesting as the preceding, is one of a kind that is more frequently met with in practice. His name is Edward F., a sailor, fifty-two years of age. I call your attention to the peculiar tint of his skin, which is very much the color of Addison's disease, but the bronzing is confined to his face; it does not appear elsewhere on his body, and is probably due to exposure to the weather. He has always been intemperate in his habits, but has been healthy, with the exception of occasional attacks of malaria some seven years ago. He never had hematuria or symptoms of acute nephritis, but, about four months ago, his feet began to swell, and he remembers that he was obliged to pass water often. About this time he had an attack of tertian ague, which stopped in a few days under treatment, but which was followed by increased frequency of micturition. One month before admission, his abdomen began to enlarge, his feet were very œdematous, and he passed less water than before. In this condition he was received into

the hospital. His eyes show a slight arcus senilis, more marked in the left than in the right; there is also a corneal speck in the left eye. His tongue is coated in the centre; appetite fair. His pulse is 96, and very compressible. Auscultation of the heart discovers no murmur; the first sound is short and badly defined, the second is sharp and clear. The abdomen is distended with fluid, the superficial veins are swollen. There is very decided fluctuation, showing marked abdominal dropsy. The liver dullness stops abruptly at the edge of the ribs. The splenic area is increased, but it does not extend below the costal border. The feet are moderately swollen and pit on pressure.

You have heard the history of the case; it will be completed by an examination of the urine, which, after standing some time, precipitates a heavy deposit. It contains a moderate proportion of albumen, with many hyaline and a few granular casts; it is of specific gravity 1020, and acid in its reaction. Practicing the test commonly used here, by pouring half a drachm of nitric acid into a test-tube, and dropping the urine upon it along the inside of the glass, you notice a white ring of coagulated albumen at the juncture of the two liquids; this is a very delicate and striking test, of easy application.

Now, what is the matter with the patient? There is some malaria in the case; he says he has had gonorrhœa several times, but never had a venereal sore, so we may exclude syphilis. There is undoubtedly some forms of Bright's disease here, any of which may be complicated with dropsy; but what form, and is this the whole malady? We find here evidence of beginning cirrhosis of the liver, and of a similar condition in the kidney, which, indeed, are frequently associated, and which, in this case, have not, as yet, reached a very high degree of development. He has never had any disease or fracture of a bone, and never had syphilis; we have not, then, to deal with the albuminoid degeneration, and the chances are in favor of its being the contracted kidney of chronic Bright's disease.

The altered hepatic percussion-dullness, the dropsy, which is not general, but is confined to the abdomen, gives a clear and connected statement that the effusion here is not entirely due to the renal affection, but is connected with the liver trouble of a man that admits he has been drinking freely for a number of years. The decreased hepatic dullness, without jaundice, indicates commencing cirrhosis, which is often accompanied by ascites due to obstructed portal circulation. As a rule, when this condition of the liver is present, a corresponding change occurs in the renal structure, forming the cirrhotic, granular or contracted kidney.

This patient has very much improved under the use of the tincture of the chloride of iron, with the solution of the acetate of ammonia, in the combination generally known as Basham's mixture. Of this he has been taking half an ounce three times a day, and it shall be continued. But this is hardly enough; while it improves the general condition and relieves the kidney, it does not strike at the cause; it does not modify the progress of the disease in the liver and kidneys sufficiently. In addition, then, flying blisters shall be applied over the hepatic region, and he shall have alteratives to correct the morbid condition. My first choice would be corrosive sublimate, given in small and steadily-increasing doses; but the man is too weak to bear mercury, as is denoted by the first sound of the heart. Therefore, although I would under other circumstances prefer the other, I will order him ten grains of iodide of potassium thrice daily, with a plain, nourishing diet, consisting largely of milk, eggs and animal broths. He is to have no stimulants, and will be directed to take gentle exercise in the open air when the weather is favorable.

NEW YORK WOMAN'S HOSPITAL.

REPORT OF INTERESTING CASES.

Sloughing of Uterus and Bladder as a Sequel of Labor.

A patient entered the service of Dr. Emmet with the following history:—At the age of twenty-two she was taken in labor with her first child, and about forty-eight hours after the waters ruptured, and a child weighing fourteen pounds was delivered by means of the forceps. The condition of the patient was favorable for two weeks, when she noticed that her urine dribbled away by the vagina. Two weeks afterward, or one month after labor, she passed some large sloughs. These sloughs were preserved by her physician, and, on examination, proved to consist of two masses—one of them consisting of the placenta, and the other the base of the bladder and cervix of the uterus.

At this point the main interest of the case rests, and, unfortunately, it is involved in obscurity. The point referred to is this: Under what circumstances did the accoucheur, after delivering a child of fourteen pounds, neglect to see that the placenta was delivered? The only explanation possible, without gravely impeaching the competency of the attendant, is to suppose that the cord, with a portion of the placenta, came away, and, from causes not explained, the deficiency was overlooked. Another question to be considered is, did the remaining placenta, directly or indirectly, cause the extensive sloughing of the pelvic viscera? This is another question difficult of solution, though, from the time intervening between the labor and the passage of the sloughs—one month—it is fair to assume that the retained placenta did have an influence. When the patient entered the hospital, nearly five months had elapsed, and her condition then was as follows: On placing the patient on her back and separating the labia, a prolapsed fundus of the bladder was discovered. When this was replaced by a sponge probang, no sign of uterus could be discovered. When she was examined

by the rectum, a small nodule was discoverable in the place that should be occupied by the uterus. After a careful examination of the case it was decided that no operation for the closure of the base of the bladder could be successful, from the fact that there was not a sufficiency of tissue. It was then decided, with the consent of the patient, to perform an operation for the closing of the vagina. This was done, and after it was performed the patient enjoyed comparative comfort.

Sarcoma of the Uterus—Removal.

An interesting case entered Dr. T. G. Thomas' service, the recital of which may prove of benefit to some who have similar cases under observation. The history of the case revealed nothing special beyond metrorrhagia. When she was placed on the examining table and the finger carried into the cervix, a mass was discoverable which conveyed the sensation of a wet sponge. This was not cancer of the uterus, for the reason that the uterine probe could be carried around the mass, showing it to be a tumor.

Dr. Thomas diagnosticated it as sarcoma, and said that last winter a similar case came under his observation, which he supposed to be sloughing polypus. He removed it by means of the ecrasecur, and found that in doing so he took off one of the horns of the uterus, which had become inverted by the weight of the mass. The patient recovered, notwithstanding. The present case was treated by removal. The growth was fixed by means of a tenaculum, and then dug out by means of the uterine depressor. When it was removed it formed a mass about the size of a pear.

Ovariotomy—Treatment of the Adhesions.

The patient gave the ordinary history of ovarian tumor. The interest of the case rested mainly on the method of avoiding the separation of the adhesions. When the abdomen was opened the cyst was found to be extensively bound down, and the treatment pursued was that which Dr. Thomas had seen practiced in Europe in similar cases. It was as follows:—An incision was made into the cyst after its contents had been removed by a trocar, and the sac turned inside out. It was then cut off and the clamp applied to the pedicle. By this plan the adhesions were removed with the sac and all hemorrhage avoided. It is important to bear in mind to be careful and see that no portion of the intestines adhere to the surface of the cyst, for if so, when the sac is cut away, a portion of the intestines will be amputated. Beyond this there are no other dangers.

Editorial Department.

Periscope.

Hypnotic Properties of Lactate of Soda.

W. Preyer, of Jena, in a communication to the *Centralblatt für die Medicinischen Wissenschaften*, for August 7th, states that numerous experiments and observations have shown him that a feeling of weariness and sleepiness, and even a condition very closely resembling or identical with natural sleep, is produced when a concentrated watery solution of lactate of soda is injected subcutaneously, or introduced in large quantity into the empty stomach, provided that strong irritation of the senses be avoided. In many cases, also, sleep was produced when the lactate of soda was not given as such, but the materials were afforded for its abundant formation in the digestive canal, as after drinking highly concentrated solutions of sugar, and after the abundant use of fresh, and especially of sour, milk, and of sour or sweet whey. There were great differences in regard to the time, duration, and intensity of the sleep. It appeared to occur more readily in young than in old animals; in animals having high than in those having low reflex excitability; more readily in mice, cats, pigeons, and frogs than in rabbits and guinea-pigs; more readily in small than in large animals, and in a low temperature than in a high one. In man, also, considerable individual differences were observed. While one would be seized with almost invincible drowsiness soon after the use of a quart of coagulated milk or a glass of highly concentrated solution of sugar, or after taking into the empty stomach a solution of twelve grammes (three drachms) of lactate of soda in 120 grammes of water, this effect was not produced in another. In order to obtain data for an investigation of the causes of this varying action, Preyer invites practitioners, in cases where it has hitherto been the practice to procure sleep by means of opium or chloral, to inject, subcutaneously, concentrated solutions of lactate of soda, or to give as drink large quantities of solution of sugar, or milk-serum, or condensed milk, and to communicate the result, either in published papers or by letter. He remarks, also, that the lactate of soda deserves investigation as an antipyretic, and also as a calmative in mania and in certain forms of convulsive disease, on account of its property of speedily inducing weariness during muscular action. In all cases where sleep was produced by lactate of soda, Preyer found the respiration deepened and reduced in frequency, the reflex irritability diminished, and, in warm-

blooded animals, the temperature lowered, especially when large doses were given. Larger doses of the lactate than were necessary to produce sleep were borne without the least injury. The sleep produced cannot be distinguished from natural sleep. When the animals awake, they do so in the natural way, become lively in a few moments, readily take food and drink, and, if left to themselves, readily fall asleep again, to awake quite lively. Lactates of potash, magnesia, and lime cannot be recommended as substitutes for lactate of soda.

Paralysis from a Retained Pessary.

At a late meeting of the Obstetric Society of London, Dr. Gervis exhibited a pessary which had been removed from a patient fifty-six years of age. Fifteen years previously, it had been introduced in the vagina to relieve prolapsus of the womb. Four years ago she began to feel a weakness in the lower back. Two years ago her legs became weak, and she was unable to walk without assistance. For six months she has been bedridden. For the last six months she has had discharge from the vagina, occasionally tinged with blood, and highly offensive, She can neither stand nor walk, and is able to move her legs in bed with difficulty, being attacked two or three times during the night with cramp in them. On examination, a large round metallic pessary was found imbedded in the vaginal walls, and was removed by the aid of bone forceps, a considerable quantity of brownish purulent discharge, horribly offensive, escaping. All the paralytic symptoms were relieved after its removal. Dr. Cleveland remarked that, apart from the interest attaching to the long impaction of a foreign body in the vagina, there was the notable fact that a quantity of highly offensive putrid matter must have been locked up for a considerable time, without the supervention of septicæmia. The case tended to show, in connection with the recent debate before the Society, the necessity for the co-existence of some peculiar condition of the general system before absorption of morbid matter, followed by blood-poisoning, could be effected.

Salicylic Acid as a Dressing to Wounds.

At a society meeting in London, lately, Mr. Callender brought forward a series of cases illustrating the use of this agent as an application to wounds. The acid was used in various ways, and the three following preparations were the ones chiefly employed:—*a*. Phosphate of soda, three parts; salicylic acid, one part; water, fifty parts. *b*. Salicylic acid, one part; olive oil, forty-nine parts. *c*, Salicylic acid, one part; bicarbonate of soda, half a part; water, 100 parts. In addition to these, however, it was occasionally used combined with borax, or in the form of an ointment with prepared lard; and a preparation of the acid with mastic and spirits of wine was tried, but had to be abandoned by reason of the irritation caused, as it was thought, by the ingredients combined with the acid. Seven cases in which the acid had been employed were narrated. In three of the cases a vesicular eruption was caused by the acid, and necessitated its withdrawal. In one case it was followed by considerable local irritation, which was relieved by the withdrawal of the acid. In a case of excision of the elbow-joint for strumous disease, the wound was washed out with salicylic acid, and was dressed with solution "*a*" on Japanese paper. There was considerable discharge from the wound, and the granulations were pale and flabby; the dressing was after a time changed to carbolic acid, when the granulations became florid, and the discharge was reduced to a minimum. In the remaining two cases the wound healed rapidly under the application of salicylic acid. From these cases, and from other observations, Mr. Callender arrived at the following conclusions:—Putting together its good points, he found that salicylic acid was free from odor, and so far was acceptable to the patients; that wounds healed under its influence, and, during the progress of the repair, were free from bad smells; that, unless strong with spirit, or but little diluted, it did not cause local pain. Its bad points seemed to be these: That, above the strength of two per cent., it caused local irritation, with some constitutional disturbance; and if the patient had a delicate skin, even the weak preparation was a source of trouble; that there was more discharge from a wound dressed with salicylic than there was where carbolic acid was used; that its influence upon a recent wound, as after an operation, was not efficacious against the occurrence of decomposition as was that of carbolic acid, chloride of zinc, or of boracic acid; that the repair of a wound was less active, and the granulations, if any, more flabby than when other simple or antiseptic dressings were employed. On the whole, while admitting its use as a local application to be fairly commendable, Mr. Callender thought it inferior in its antiseptic properties to other agents, and did not consider it to be a remedy meriting the strong recommendations which had been given it by some of those who had made trial of it.

The Management of Cerebro-spinal Meningitis.

In the *Peninsular Journal of Medicine*, Dr. J. J. Mulheron remarks:—

During the epidemic prevalence of cerebro-spinal meningitis I noticed that when the cerebral trouble began to abate there was a simultaneous improvement in the abdominal symptoms, and, taking the hint from this, I have, for the past two years, adopted a line of treatment which I have had no reason since to modify. I will not here discuss the occurrence of cerebral complications as a sequel to the abdominal disorders of children, and the *modus in quo* of this occurrence. Suffice it to say that a neglected

or improperly treated diarrhœa is most prone to result in grave cerebral complications, and in the cases we are called to see these complications have, in the great majority of instances, supervened. What then is to be done under such circumstances? At once apply suitable counter-irritation—either mustard or cantharides—to the nape of the neck, and administer a combination of ergot, bromide of potassium and belladonna. If the head symptoms are very persistent, do not hesitate to apply a bladder filled with pounded ice. This may sound somewhat heroic: but, gentlemen, what is done must be done decisively; be sure you are right in your diagnosis, and go ahead.

On Idiopathic Tetanus.

At a meeting of the Clinical Society of London, Dr. Southey related a case of this disease:—

The patient, a railway ticket collector, well nourished, aged twenty-one, came into St. Bartholomew's Hospital. Fourteen days previously, he had remained for some hours in wet clothes, two days after which tetanic symptoms had supervened, and had been treated, without apparent improvement, by moderate doses of chloral. On being seen at St. Bartholomew's, he was sensible, able to move his arms, unable to move his legs, and had trismus. His skin perspired freely. Temperature 100°, pulse 120, respiration 40. The muscles of certain regions felt hard, and were tender. Attacks of opisthotonos, lasting from two to five minutes, came on about every hour. The bowels were confined; the urine was scanty and high colored. Fluid food only had been given. The treatment after admission consisted of one pill of calomel and opium, followed by a mixture of bromide of potassium (one drachm) and conium juice (two drachms), to be taken every three hours. Stimulants were discontinued, and the diet consisted only of iced milk alternately with beef-tea. Great quietness was enjoined. The skin of the body was hyperæsthetic, and exposure to draughts of air excited the tetanic spasms. For the first three days the bowels did not act, and the spasms increased in violence and frequency. He was then ordered thirty grains of compound jalap powder, to be repeated every three hours until the bowels acted, and he was to be put into a bath, temperature 98°. Three doses of the powder had to be given. After the bowels were opened, the trismic spasm was lessened. On the fifth day, the bowels acted four times copiously; temperature 98°, pulse 120, respiration 30. On the sixth day three attacks of tetanic spasms occurred, after which the patient steadily improved, and no further spasms were observed. No wound or splinter could be found upon the patient's body after most diligent search. The invasion of the disease, as well as its declension, was gradual. The improvement coincided with the evacuation of the bowels. Purgatives have been highly commended in tetanus, the normal peristaltic action of the intestines being invariably arrested so long as the spasms are severe and continuous, and returning coincidently with the cessation of the spasms. But Dr. Southey did not think this indicated the administration of purgatives, which he considered might produce damage precisely as excitation of the cutaneous nerves was harmful. He had given the compound jalap power, almost against his own will, when, perhaps, the bowels would have been naturally opened without its aid. The tepid bath was employed daily, sometimes for nearly an hour, and had a marked tranquillizing effect. Bromide of potassium was commenced only on the thirteenth day of the illness—which date, if cases of tetanus survived, they often recovered; but the drug seemed to be specially indicated physiologically for the disease. Dr. Wood had recorded the results of treatment by its means in sixteen cases—nine of traumatic tetanus—all of which recovered; and seven of idiopathic tetanus, with five recoveries.

The Management of Abortion.

Dr. W. D. Hazzard says, in the Virginia *Medical Monthly*:—On being called to a case threatened with abortion, my invariable rule of practice is first to ascertain as nearly as possible the stage of the pregnancy, frequency and the extent of the pains, the amount of hemorrhage, the cause, if known, that has induced the symptoms present—whether they be habitual, or accidental, immediately predisposing or exciting. Having elicited all the information I can from the patient or her friends, I then institute an examination per vaginam. If I find the os uteri dilated and flaccid, with expulsive pain at the menstrual periods, whether attended with hemorrhage or not—if the os be dilated to any considerable size, I regard the case as of doubtful character and make my prognosis accordingly. But if I find the os uteri firm and undilated, even if I find hemorrhage attended with severe pain, I regard the case more favorably; and if the other symptoms warrant the belief that the fœtus be living, I make the effort to save the conception. I endeavor to bring my patient as speedily under the influence of opium as possible. Having done this, I endeavor to keep her under the influence of the drug as long as any symptoms remain of pain or hemorrhage—experience having taught me that many cases may be carried to a favorable termination that under a more temporizing treatment would result in miscarriage. I am thoroughly convinced that many cases of abortion are caused by nervous irritability of the uterus, resulting in an intolerance to the presence of the fœtus in the womb; hence nature endeavors to rid the organ of its contents by expulsive efforts. If this irritability be overcome by the free and full administration of the sedatives and narcotics, the pregnancy may oftentimes be saved.

I do not think authorities have laid stress

enough on the importance of thorough investigations in such cases as I have spoken of, to enable the practitioner to make a clear diagnosis. Neither do I think they attach sufficient importance to the wonderful powers of opium, administered with the view of procuring its full effect. In my hands, it has seldom disappointed my expectations.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The Leavenworth *Medical Herald* will be discontinued after January 1st.

——The *Scientific American*, now in its thirty-first year, enjoys the widest circulation of any weekly newspaper of the kind in the world. A new volume commences January 1st, 1876. The contents of the *Scientific American* embrace the latest and most interesting information pertaining to the industrial, mechanical, and scientific progress of the world; descriptions, with beautiful engravings, of new inventions, new implements, new processes, and improved industries of all kinds; useful notes, recipes, suggestions, and advice, by practical writers, for workingmen and employers, in all the various arts. Every number contains sixteen large quarto pages. The year's issue contains 832 large pages, at a cost, including postage, of only $3.20 a year to the subscriber.

BOOK NOTICES.

Transactions of the American Otological Society. Eighth annual meeting. Vol. 2. Part 1. pp. 96. James Campbell, Boston. 1875.

This report on the progress of otology is presented, as was that of the preceding year, in two divisions, viz.: Part I, including Anatomy and Physiology, by Dr. C. J. Blake, is most valuable, because no less than fourteen of the articles contained therein are translations from the original sources. Part II, including Pathology and Therapeutics, by Dr. A. Mathewson, is just half the size of the first division, and contains some interesting matter, notwithstanding much of the material has already been made available to the profession through the various American journals.

It is as Dr. Blake says, "This report is intended simply as a report on the Progress of Otology, and not, as Prof. Jacoby has, in his (hypercritical) reviews in the *Archiv. für Ohrenheilkünde*, taken the liberty of considering that it should be, a critical review."

We were disappointed by the great scarcity of original contributions, there being but nine, with one exception very brief and unsatisfactory articles, and for these but six members were responsible.

The most elaborate paper was that by Dr. Albert H. Buck, of New York, on "Eustachian Bougies," where he cites fifteen cases, with varying results, which do not go to prove that either the solid stick or strong solutions of nitrate of silver are ever advisable when applied directly within the Eustachian tube. Another contribution is termed "Intra-tympanic Pressure during Phonation," by Clarence J. Blake, M.D., with experiments and illustrations after those of Dr. Henry J. Bigelow, who has given rules for practice in phonation; these enable the patient, by varying the pressure in the buccal cavity in cleft palate, to increase the clearness of articulation. Another is a case of "Angioma of the Lobule of the Ear," by Dr. C. J. Kipp, of Newark, N. J. "Aural Contributions," by Dr. George Strawbridge, of this city, and we are only sorry the doctor was so economical with his usually interesting material. "Multiple Abscesses of the Auricle," and an interesting case of "Otitis Media Hemorrhagica," by Dr. O. D. Pomeroy, of New York city. "Remarks upon the Early Treatment of Ear Affections;" a hint that aurists, above all others, should not require. An interesting case of "Purulent Infection (Pleuro-pneumonia) from Suppuration of the Middle Ear," and "Experiments on the Effects of Quinine upon the Ear," by Dr. D. B. St. John Roosa, of New York city, with whom we cannot agree, and certainly we cannot deduce, from his experiments, "that tinnitus aurium and impairments of hearing, following the use of quinine, depend upon congestion of the ultimate fibres of the auditory nerve in the cochlea, and that the redness of the drum-heads is merely an index of the former condition." Better say large doses of quinia may tend to a temporary aggravation of previously existing tinnitus aurium.

THE

Medical & Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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1876.

With this number we commence one of those years in our country's history which will long stand out as landmarks on its records. The daring experiment our forefathers inaugurated has been tried, and has proven successful. Not America alone, but the whole world, has partaken of the fruits of their labors; not only the interests of political life and social relations, but those remoter ones of applied science and abstract thought.

To one branch of this narrower field, namely, to the reaction of individual liberty on the study of science, we would more especially call attention. Freedom of life has led to freedom of thought, to untrammeled research, to unbiased deduction, to a sound and true philosophy.

Hand in hand with the ancillary sciences, that of medicine has progressed from the brief details and unfruitful empiricism of a hundred years ago to that wealth of resources and wide-reaching connections which mark its study now.

This astonishing change, wrought in a space of time spanned by a single life, is what should fix our attention for a while in this year. To this end the profession of the United States ask their fellow-workers from abroad to assemble by delegates in this city, here to reflect on the inspiring lesson of the past, and to lay broad the foundation for a second century of yet more productive activity, yet nobler usefulness.

The details of this plan are known to our readers, and it is needless to rehearse them. Let us rather say a word of the genuine value of halting from time to time on the journey of life to exercise that human prerogative of "looking before and after." How healthful it is to the individual to give an occasional solitary hour to a review of his past efforts, to a comparison of his present with his former self, to a re-estimate of his capacities, his possessions, and his chances for the future! So it is with a nation. It is not the season for a false adulation, but for taking a correct "account of stock." Much we may justly boast of; not a little we may properly regret; and yet more there is to provide against.

In medical science many a method now in vogue will be forgoten in a decade; many a name now foremost will be supplanted; many a remedy now applauded will be discarded. In appraising such values, let us seek the historical perspective, not be guided by the passions of the hour. Thus doing, we may hope that this coming year will sow as good seed and on as fertile a soil as did that one now immortal in the world's annals, 1776!

Notes and Comments.

School Diseases.

The Rhode Island Medical Society, at its late meeting, gave considerable attention to the causes of disease among children in the public schools, and the members were generally agreed that it is due not so much to hard study as to

bad ventilation and other causes, one of which is hereditary or acquired predisposition for disease; that normal activity of the brain is helpful to the best health of individuals, and that judicious study in school is by itself a healthy functional exercise. They declared, however, against long hours of study, and finally adopted a resolution declaring "that among the most prominent causes of ill health among pupils while attending school we must recognize the following:—Attending balls and parties, sitting up late at night, eating improper food, drinking tea and coffee, and especially reading works of fiction."

On Jaborandi.

Dr. Felippo Cesari, of Rome, in the *Gazeta Medica*, of that city, has an article entitled "Physiological Experiments and Clinical Notes on the Polycarpus Pinnatus, or so-called Jaborandi," in which he comes to the following conclusions:—1. That the jaborandi of Continho has an elective action on the salivary glands. 2. That it has a secondary action, but less constant and copious, upon the sudoriparous glands. 3. That it has well-marked diuretic action. 4. That it produces no effect whatever on the circulation, nor on the generation of heat, nor (except in an unimportant degree) on the respiration. 5. That its action is most efficacious when it is injected into the veins. 6. That its after-effects are distinct debility, with an imperious thirst, directly proportioned to the action of the emunctories. These effects, however, are transitory, and soon disappear under restorative diet.

The Questionable Value of Hypodermic Solutions.

Dr. Lafitte, of Paris, attacks hypodermic medication, so far as the alkaloids are concerned. He says, not the alkaloid, but simply the water, distilled or not, has the merit of allaying pain. Startling cases are mentioned (*L'Union Méd.*, Nos. 113 and 114, 1875), and from these we find that severe lumbago, obstinate neuralgia, etc., are instantly relieved by the injection of about thirty drops of water. Failures are but few, and the author consoles himself respecting these by the consciousness of not having done any harm, if he did no good.

M. Lafitte now asks himself how the simple water acts, and he throws out the theory that the ultimate nerve filaments are compressed by the water, and, being thus paralyzed, can no longer convey the sensation of pain. M. Lafitte goes the length of maintaining that all the hypodermic injections hitherto performed acted through the agency of the water, and he is very particular in stating that his operations were never followed by abscesses or any unpleasant symptoms.

Tuberculosis Treated by Inhalations of Nitrogen.

The *Doctor* states that Dr. Steinbrück declares in the first stages the disease is cured with positive certainty by systematic inhalations of nitrogen, if used long enough. He does not know whether relapses occur. In the second stage improvement and cures are attained to an extent hitherto impossible. The younger the patient the better is the withdrawal of oxygen borne, and the more certain is the result. In the third stage the inhalations are dangerous. All beneficial treatment of tuberculosis must depend upon quieting of the nervous system. The inhalations are practiced in an air-tight cabinet, under the supervision of the physician, and the effects looked for are easier and deeper breathing, with coughing up at first of mucopurulent matter. Subsequently, the cough should stop, the pulse and temperature fall, and the nervous system be calmed.

The Natural Pulse.

Dr. Broadbent, in a late lecture, describes the normal pulse as, of course, of average frequency, regular as to time, and equable as to strength, compressible by moderate force, not shooting under the fingers nor lingering long on the touch. The artery ought not to be easily distinguishable in the intervals of pulsation; it should present no irregularities when the skin is rubbed along its course; and especially it should not roll under the fingers like a solid cord, or be traceable far up the forearm. The pulsations ought not to be visible, or, at any rate, not conspicuous.

On "Teething Sickness."

Dr. Dawson remarks, in the *Journal of Obstetrics*:—

It is the popular idea that when an infant begins to teeth it is time to begin giving him more substantial food, and this is certainly correct in principle; yet this very period of infant life is also popularly considered the

most critical, for the reason that the process of cutting teeth renders the child liable to fevers, convulsions, diarrhœa, etc., and when these disorders occur at this period of infant life the cause is at once said to lie in the fact that "the baby is teething," and that consequently it is an unavoidable misfortune that it is sick. If there ever was an absurd fallacy fastened upon the popular mind, it is, in my opinion, this bugbear of "teething sickness." I have never seen such a case myself, and it is beyond my comprehension why the Creator should afflict only the young of man with a normal physiological process dangerous to health and life.

On the Chemistry of the Urine.

Galipe (*Pharm. Zeitschrift f. Russland*, XIII, 683) uses the following method for the determination of albumen, which is applicable in the presence of the phosphates or the urates. A test-tube is one-third filled with a deep yellow solution of picric acid, and one or more drops of the to-be-tested urine added. If albumen is present, there immediately appears a sharply marked white cloud; upon heating the liquid, the albumen collects in a lump and floats. The reaction leaves nothing to be desired for delicacy.

E. Reichardt, in the same journal, XIV, 45, demonstrates the presence of a body similar to dextrine in albuminous urine.

David writes (*Bull. de la Soc. de Chem. de Paris*, XXIII, 235) of a peculiar urine which decolorizes Fehling's solution, but did not affect the beam of polarized light. A substance possessing the same properties was separated from the urine. The death of the patient so limited the supply of the material that further investigations were prevented. Z. E. B.

Treatment of Croup.

Dr. Lesdorf, says the *Doctor*, contributes the following treatment of croup: At the outset an emetic is to be given, sulphate of copper in small doses every quarter of an hour (until vomiting is produced) being the best; after vomiting, the copper is to be given every two hours, in doses of one-eighth to half grain. The dyspnœa generally ceases after vomiting has once occurred. The administration of copper is to be continued for a day or two until the dry whistling cough has changed its character. A cold compress is to be applied round the neck immediately after vomiting. If the dyspnœa seems not to yield, a vapor bath is to be given, as follows: a wooden vessel, containing eight to ten quarts of hot water, half to three-quarters of a pint of vinegar, and a handful of meal, is to be placed at the foot of the child's bed; a quilt is then to be suspended over the bed, so that one end is to cover the vessel, and the other so arranged that the vapor, in escaping, must pass over the child's head. A red-hot iron is then to be placed in the vessel, and left there so long as it develops the hot acid vapor. This bath is to be repeated every two hours, night and day, while there is any danger. The very best results may be anticipated from this method of treatment, and operative interference, even in acute cases, may often be prevented by energetically carrying it out.

Artificial Milk.

The *American Journal of Pharmacy* says the best substitute for mother's milk, according to Beno Martiny, is the yolk of chicken egg, which weighs, on an average, fifteen grammes, and when diluted with 57.1 grammes of water of about 100° and five grammes of milk-sugar has nearly the same composition as the milk in the first period of lactation. Subsequently, the fat and protein decrease, and to one yolk may be added one hundred grammes of water and six grammes of milk-sugar.

Aconite.

From an elaborate series of observations in *St. Thomas' Hospital Reports*, New Series, vol. v, Dr. John Harley reports conclusions which indicate that, if it be conceded that aconite ameliorates the febrile condition, it does not much control it; and that it cannot in any degree anticipate or cut short the pyrexial stage in a disease (relapsing fever) against which, if it did possess the febrifuge properties ascribed to it, its influence ought to be most marked.

On the Detection of Prussic Acid in Poison Cases.

W. Sokoloff (*Ber. d. deutsch. Chem. Ges. z. Berlin*, VIII, 437) poisoned a young dog with 0.028 grammes of prussic acid. The presence of the poison was detected six, ten, fourteen, and up to twenty-two days after death. Sokoloff further calls attention that in the first distillation of the contents of the stomach with water and sulphuric acid no hydrocyanic acid could be detected, while it showed itself in the

second distillate. This circumstance goes to show that hydrocyanic acid exists after poisoning, not in the form of a simple cyanide, but in that of a double salt, which is decomposed with difficulty by dilute mineral acids. Z. E. B.

Treatment of Cerebral Rheumatism by Chloral.

M. Bouchut, in a memoir, says that cerebral rheumatism is only a form of meningitis. Examination of the membranes of the brain reveal a considerable venous stasis, with an opaline infiltration of the pia mater, caused by numerous leucocytes. The ophthalmoscope discloses a serous infiltration of the papilla and of the retina adjoining, with dilatation of the retinal veins, which represent corresponding changes in the pia mater and in the brain. Rheumatism of the brain is ushered in by delirium more or less violent, terminating by coma or by asphyxia, sometimes very rapid, which may cause death in a few hours. In three cases of this kind, a cure was obtained by means of hydrate of chloral, given by the mouth, in doses of from forty-five grains to one and a half drachms, once or twice at short intervals, so as to obtain an immediate abatement of the agitation the patients presented.

Progressive Muscular Atrophy.

At a meeting of a medical society in Manchester, lately, Dr. Bramwell showed two cases of this strange disease. The first was a pitman, aged twenty-two. Eighteen months ago he first noticed a weakness in his left hand. A pail of water which he was in the habit of carrying slipped every now and again out of his hand. "Cold made the fingers curl up." The right hand became affected a year ago. The patient's general health was very good. The muscles of the body generally were well developed; the biceps remarkably so. The muscles of the left thumb and hand were completely atrophied. The muscles of the right hand were affected, though to a less degree. The muscles of the left forearm were beginning to be atrophied. The second patient was also a pitman. He was twenty-eight years of age. He was admitted to the Newcastle Infirmary some weeks ago, under Dr. Embleton, by whose kind permission Dr. Bramwell was enabled to exhibit the patient. In this case the disease was in a very advanced stage. The man was unable to rise from his seat. He could not raise his hand to his head. The muscles of the arms and thighs were most affected. The disease had commenced only seven months ago, in the ball of the left thumb. It had rapidly spread to other muscles. The atrophied muscles still responded to galvanism. This patient stated that when sitting he felt perfectly well. Vision was somewhat dim. On ophthalmoscopic examination, commencing gray atrophy was seen to be present. This fact favored the nervous origin of the disease.

The Urinology of General Paralysis.

In the West Riding Lunatic Asylum *Reports*, Dr. Merson has a paper on "The Urinology of General Paralysis," at the end of which he thus sums up the results of his observations:—

1. The quantity of urea varies above and below the average of health, being in the majority of cases considerably increased. Probably also the uric acid is increased.

2. The quantities of chlorides and phosphoric acid are notably diminished; that of sulphuric acid remains about normal.

3. The specific gravity varies within wider limits than in health, but the mean does not differ materially.

4. The absolute quantity of urine passed is slightly below the average of the healthy cases examined, but, estimated according to weight of body, the amount excreted by seventeen general paralytics was slightly in excess of that excreted by six healthy men.

5. Under the influence of Calabar bean, there is a considerable diminution in the quantity of all the solid constituents, especially the urea.

The results obtained in the three cases treated with alcohol are in favor of the view that both the quantity of urine and the amount of solid constituents are diminished under the influence of that substance.

Swallowing a Screw.

Dr. W. F. Hilrabeck, of Windsor, Illinois, gives us the following curious incident:—

A boy two years old swallowed a common wood screw one inch in length; the head of the screw was ¼ of an inch in width. It was forty-four hours in passing through the alimentary canal. The child seems to suffer no inconvenience from its dose of hardware. It is enjoying as good health now as before it swallowed the screw.

Correspondence.

How Long May the Efficacy of Vaccination be Relied On?

Ed. Med. and Surg. Reporter:—

The above question is so often asked, and so variously answered, and often answered so little in accordance with the actual facts, that we are not much surprised at the growing distrust in the efficacy of vaccination as a safeguard against small-pox.

Jenner taught that protection by vaccination was life-long. It did not require the observations of half a century to disprove this statement of the great discoverer.

The question, "How long?" cannot with certainty be answered. It is generally agreed by all observing members of the profession that protection by thorough vaccination is for a few years certainly reliable. It is highly probable that one person may be protected by vaccination for a longer time than another person of equally distinct cicatrix.

The range of susceptibility to any contagion is very wide in the human family. One individual will contract disease, while another equally exposed will escape with impunity. It is certainly safe to vaccinate indiscriminately every five years, or oftener if the disease prevail. At least make the effort. "Best safety lies in fear." But, since specific disease enters so largely into the catalogue of human ills, we unhesitatingly commend the employment of animal vaccine virus.

We have repeatedly vaccinated individuals well advanced in years, and obtained a typical vesicle, though numerous efforts had failed in the same person in years gone by, subsequent to vaccination in early life. The writer was vaccinated in his first decade, and well remembers some of the constitutional symptoms. A distinct cicatrix is still visible, and bears testimony to the completeness of the work. He also believes that that vaccination afforded immunity against small-pox for more than a third of a century. The following are his reasons for the hope within him:—

During the late war, being on duty in the valley of the Mississippi, the writer was designated to muster for pay, and to sign the rolls for all the patients and attendants in and about the small-pox hospital, situated a few miles outside of Memphis. Military orders are peremptory, and this one was promptly complied with. On reporting at the hospital, he was forthwith conducted into every occupied apartment of the building, thus coming in contact with the disease in all its stages, except the stage of incubation, which is the very least dangerous, and perhaps never seen in a small-pox hospital, except in an attendant, as that stage is generally over before being sent to hospital.

The muster completed and the rolls signed, he returned to the Post Hospital, of which he had charge, and vaccinated himself and all unvaccinated attendants most thoroughly. Upon himself no symptoms of a vesicle appeared.

Within the next three months numerous cases of small-pox occurred in the fort, in the prison, and in the Post Hospital, bringing him daily in contact with its emanations, and yet he escaped the disease.

In 1872–73, at Parker's Landing, Pa., there occurred an epidemic of small-pox of very fatal type. Here, again, the writer came in contact with the disease in its worst form, ministering to the sufferers' wants night and day, and yet suffered no inconvenience in health from the contact.

After making a call on a case of small-pox, he would sponge off his clothing, hands, face and feet with gasoline. (Gasoline, by the way, turned out to be one of the very best antiseptics, and one which we freely used before knowing its full value.) Here, again, he vaccinated himself freely, but to no effect.

During the present winter the writer was detained at Cumberland City, Md., for a few hours. Here small-pox is epidemic with unusual fatality. The writer procured from the Pennsylvania Vaccine Agency a quill of animal virus, with which he again vaccinated himself, and at this writing there is a typical vesicle in full bloom on his arm. The constitutional symptoms are also well marked.

A. D. Binkerd, M.D.

The Frequency of Triplet Births.

Ed. Med. and Surg. Reporter:—

On December 10th, 1875, Mrs. Martha B. Barr, of New Castle, Lawrence county, Pa., gave birth to triplets, two boys and a girl, weighing respectively six, six and a half, and seven and a half pounds, including slips. Being in town on the 14th inst., I called to see the little strangers, and found mother and babes all doing well. Mrs. Barr had walked a considerable distance the day previous to her confinement, and carried a child two years old. Dr. Isaac Winans, of New Brighton, was the attending physician. Mrs. Barr is aged twenty-five, and the mother of three other children, one of whom is dead.

There is also a lady in Buffalo township, this county, viz., Butler, Mrs. McCaffeily, who gave birth to triplets, March 27th, 1873. There are two boys and a girl in this little trio also. They are all living and well. They were on exhibition at a harvest home recently held in Penn township, this county. They look very much alike. There is also another lady in Worth township, Butler county, and one in Beaver, Beaver county, who recently gave birth to triplets.

My father, Dr. Robert Cunningham, of North Sewickley, some years ago delivered a Mrs. Wm. Smiley and Mrs. John C. Johnson, neighbor women, of triplets, also a Mrs. Ralston. These three were the only ones which fell to his lot during a practice of twenty-five years,

and two of these, Mrs. Smiley and Mrs. Johnson, happened in the same year. My father is dead, but I remember the circumstances well, and the dates are in his book, which can be given at any time.

I give you these facts to show that triplets are of more frequent occurrence than is generally conceded. In Churchill's system of Midwifery, Philadelphia, ed. 1846, p. 411, there are statistical statements on the subject of twin and triplet pregnancies. Dr. Churchill states that out of 448,998 cases of pregnancies there were 5776 cases of twins, or one in 77¾, and 77 cases of triplets, or one in 5831 cases. Now, if triplet births occur as frequently in other places as in our immediate vicinity, I think the number would exceed the above statement. I know if all cases were reported it certainly would do so.

A. V. CUNNINGHAM, M. D.

Zelienople, Dec. 15th, 1875.

NEWS AND MISCELLANY.

Items.

—Deaths from trichinosis are reported from Indianapolis, and in Hamilton county, Indiana.

—The total number of lunatics and idiots in the asylums and prisons of the Canadian province of Ontario is officially reported at 1179, an increase of 104 during the year.

—A medical commission, appointed by the Board of Health in Boston, to investigate the sanitary condition of that city, reports that nearly two-thirds of its total population are foreigners and their offspring, and of this proportion two-thirds are Irish.

—The immigration to the United States during the last fiscal year numbered 227,498. This is a falling off of 85,841, compared with the previous year, and of 232,305, compared with 1872-3. The decline in two years, it will thus be seen, is slightly over one-half.

—Mr. Henry Bergh, of New York, in his last protest against vivisection, says:—"The most learned physiologists of the present and past centuries have declared vivisection to be a scientific failure, and some of the leading surgeons in this city and country pronounce living experiments—except in one single example, the nervous system—to be needless barbarity when not performed by the aid of anæsthetics."

QUERIES AND REPLIES.

Dr. B. A. M., of Mo.—There is nothing in the Code of ethics forbidding a physician placing on his sign "Physician and Surgeon." It may not be good taste, however.

Dr. W. H. H. S., of Ga.—What you complain of is *pruritus hyemalis*. We know of no efficient treatment for it.

OBITUARY.

DR. CHARLES MIFFLIN.

Dr. Charles Mifflin died in Boston, December 9th, aged seventy years. He was born in this city, July 19th, 1805, graduated at the University of Pennsylvania, and studied medicine under the charge of Dr. Thomas T. Hewson. He practiced medicine in this city from 1826 to 1838, and was one of the surgeons attending the cholera hospital in 1832. In 1835 he married a daughter of the Hon. Benjamin Crowninshield, of Boston, and in 1838 removed to that city. Subsequently he lived at Nahant, where he practiced for many years.

MARRIAGES.

BACON—READ.—At Columbia, Mo., Wednesday, 15th ult., Charles A. Bacon, M. D., of this city, and Mary Brice Read, daughter of Dr. Daniel Read, President of the State University of Missouri.

BROWN—RUDMAN.—December 15th, at the residence of the bride's mother, by Rev. A. A. Ricket, Alexander Brown, M. D., and Bertha J. C. Rudman, youngest daughter of the late Wm. C. Rudman.

BUTLER—HOLTON.—In Dummerston, Vt., Nov. 24th, by the Rev. L. G. Chase, Fred M. Butler, of Jamaica, and Lillian H. Holton, of Dummerston.

CARTER—HAZEN.—December 4th, by Rev. Moses Kidder, T. C. Carter, of Boston, and Percy, only daughter of Dr. Edwin Hazen, of Woodstock, Vt.

DARLING—WILSON.—In Georgetown, Mass., Dec. 1st, by Rev. Mr. Marsh, Dr. J. H. Darling, of Thompsonville, Ct., formerly of Keene, N. H., and Carrie E. Wilson, of Georgetown.

EVANS—TAYLOR.—In Newport, Ky., on Thursday evening, December 2d, by Rev. H. W. Taylor, Firman R. Evans, M. D., of Franklin, Ohio, and Miss Sallie Kemper Taylor, daughter of the officiating clergyman.

LANGDON—EDWARDS.—At the residence of Wm. Edwards, Esq., December 1st, 1875, by Rev. Daniel J. Jones, Dr. H. A. Langdon and Miss Sidney Edwards.

MCCANDLESS—BECK.—By the Rev. J. A. Crawford, D. D., of Chambersburg, Dr. W. A. McCandless and Mary M. Beck, all of this city.

PEALE—WISWELL.—At Green Hill Presbyterian Church, Philadelphia, Thursday, December 23d, 1875, by the Rev. Dr. Beadle, Emily S. Wiswell, daughter of Rev. G. F. Wiswell, and Dr. Albert C. Peale, of the U. S. Geological Survey.

PERKINS—COOK.—In Moodus, Conn., Nov. 25th, Myron W. Perkins, formerly of Windsor, Vt., and Mattie S., daughter of Dr. H. C. Cook.

DEATHS.

ANDERSON.—On October 19th, at Lahore, India, Dr. Henry James Anderson, of this city, in the 77th year of his age.

BRADLEY—William J. Bradley, son of Dr. I. B. Bradley, of Fryeburg, Maine, died in Philadelphia, the 5th ult., aged 27 years and 7 months.

DOUGHTY.—In New York, on the 21st ult., Augustus Durkee, only child of Dr. F. C. and Hannah M. Doughty, aged 8 months and 19 days.

DUNHAM.—On Thursday, December 9th, Dr. Chas. Dunham, in the 86th year of his age.

GREEN.—In Trenton, N. J., on the 2d inst., Mary A., wife of Dr. Wm. Green.

JACKSON.—Dr. John Davis Jackson, a prominent physician of Kentucky, died at Danville last week, aged 42 years.

LEWIS.—On the evening of the 21st ult., in Philadelphia, Mrs. M. Faris Fassitt, wife of Dr. E. J. Lewis.

PARKER.—On Saturday, 18th inst., Dr. Joseph E. Parker.

THE

MEDICAL AND SURGICAL REPORTER.

No. 984.] PHILADELPHIA, JAN. 8, 1876. [Vol. XXXIV.—No. 2.

Original Department.

Communications.

ON BANDAGES.

BY GEORGE HALSTED BOYLAND, M.D., M.A.,
Of Baltimore, Md.

The art of bandaging, although fully appreciated by the American medical profession, has nevertheless not been brought to that perfection to which it has in France, England and Germany, where it is made a study special and apart, and where classes are held in which only bandaging is taught, by a surgeon who devotes his attention to that and nothing else, illustrating his theoretical instruction by oft-repeated practical applications, at the bedside, of each and every bandage known in the annals of surgery. It is our intention at present to consider a few of the more modern bandages, with reference, particularly, to their influence in preventing the development of bacteria on wound surfaces, to facilitating, further, a healthy granulation induced by antiseptic dressings.

The cotton bandage employed by A. Guerin, of Paris, for amputation stumps, and which consists of a very thick layer of cotton fastened by means of a roller bandage, has for its object to catch the septic germs floating in the atmospheric air, and, thus keeping them from the wound, to forestall the putrid decomposition of the secretions. The recent report of the commission "on the pathogenic significance of the ferments in surgical diseases,"* to the Académie des Sciences, does not deny that, after the application of A. Guerin's bandage, wound fever is not at all or only to a slight degree observed; sleep and appetite remain undisturbed, pain is entirely or almost entirely absent, and on removing the dressings on the twentieth day, or later, the wound surfaces are found already granulating under a thick layer of odorless pus; finally, the danger of purulent infection is diminished. The report of M. Guerin, although very instructive and clear, does not, nevertheless, give an exact statistic of the results obtained. M. Gosselin, in testing this method of wound bandaging in eight amputations of the lower leg and thigh, obtained six cures. It is remarkable that, while the Academy endorse the report, they cannot agree with M. Guerin's theoretical views as to the manner in which the bandage works. In four out of six amputations, stumps dressed according to Guerin's method, after Gosselin and others removed the bandages, vibrios and bacteria were found. Gosselin is of opinion that Guerin did not examine the wound secretions with a microscope of sufficiently high power, and therefore did not detect the bacteria. Whether the bacteria were already there before the bandages were put on, or whether they had forced their way afterward between the bandages and the surface of the skin, Gosselin does not undertake to say; however, "the presence of such fermenting bodies, as long as the general health of the patient remains intact, does not cause the development of toxic products which bring about purulent infection."

"To the conditions which are capable of making these germs dangerous, belongs the change which tissues and liquids undergo when exposed to the air under the influence of a heavy traumatic inflammation."

* Schmidt's Yahrbücher, 1875, No. 10.

The beneficial working of this bandage is explained by the commission from the following properties: It favors by an equally spread pressure the quick resorption of blood from the surface of the wound, also of the first exudations that appear, which, in the same manner as the blood, incline to decomposition. As, further, the bandage hinders, by compressing the stump, the flow of blood, it produces an equally diffused warmth and immobilizes the limb, and the inflammatory symptoms are lessened. But, above all, in the opinion of the commission, the worth of the bandage lies herein, that it is only seldom changed. The principle of Magatus, established in the seventeenth century, of changing bandages but seldom, has been happily brought into practice by Guerin in his "occlusive" bandage.

Although recent experience seems to teach that better results are often obtained by this principle, as regards amputation stumps and large wounds, yet, when we have minor wound surfaces to dress, just the contrary is true, and we obtain a more speedy cure by changing the dressing daily, or even twice daily. M. Guerin, it will be observed, makes no mention of any fluid, paste or dressing whatever in describing his bandage, which leaves us, naturally, to suppose that dry cotton is applied; whether it has been disinfected and then dried for use, as Mr. Lister does, is not told; in this respect (a very important point, practically) the report fails.

At the close of the commission report, Ollier appends that under this bandage, upon wound surfaces of excellent appearance, vibrios and bacteria were found. He also sees the great utility of the bandage, tried by himself in different ways, from the fact that it is only seldom changed. He makes the observation that, during the act of binding, and also in cleaning, a widely extended wound surface, an increase in the temperature, of six-tenths of a degree, usually follows, when, in removing pieces of the bandage that stick, granulations are wounded. For this reason, the cotton bandage should be left in place so long as the patient does not complain of pain, and no increase of temperature is observable; if there is any offensive odor, it may be overcome by the exhibition of deodorizing agents. These rules are especially applicable to wounds treated in infected localities. Ollier observed in his ward, during six months, twenty-two times, erysipelas complicate wounds of the head and body (these wounds being dressed in the ordinary manner), whilst not a single case of erysipelas appeared under the cotton bandage. Moreover, hospital gangrene never developed itself primarily, nor pyæmia, nor took a less acute course. This bandage, then, does not hinder the deposit of germs on the wound surfaces; protects, however, from the advent of other germs with which the hospital air may be impregnated. To shield the granulations more than the ordinary bandage does, from being bruised or torn, by which the absorption of the wound secretions is favored, Ollier places over Guerin's bandage a so-called "water-glass bandage," and thus makes his immovable occlusive bandage.

We have thus endeavored to place before you the last advances in the science and art of bandaging made by the French surgeons; you are now invited to cross the real as well the ideal channel, and consider for a moment the recent improvements, in this respect, in English surgery.

The method of bandaging adopted by Callender, at St. Bartholomew's Hospital, presents a modification of Lister's method.

The surfaces of wounds, after the bleeding is perfectly arrested, for which, almost exclusively, torsion is used, are washed with a lukewarm solution of carbolic acid (1:20), or with a solution of chloride of zinc (1:30 to 40), and thereupon the borders of the wounds are united with silver sutures, as recommended and introduced by Sims, in his valuable address on "Silver Sutures in Surgery," delivered before the New York Academy of Medicine, at their anniversary, the 18th of November, 1875. During this operation every bruising or mashing of the tissues by the pincette, etc., must be avoided. The wound is next covered with lint dipped in carbolic oil (1:5), upon which a thick layer of cotton follows. The bandage must, above all, exercise no pressure, and from the beginning care must be taken to insure a perfectly free outflow for the wound secretions. The retention of the secretion within the wound is always attended with unfavorable, even serious results. Callender uses for this purpose a silver drainage tube, perforated in many places, like the caoutchouc one of Chassaignac. Callender's is provided with a spring which catches in the wound, and thus prevents its falling out.

Upon torn wounds, and all others that do not heal *per primam*, carbolic oil lint is laid, and over it a layer of cotton. In cleaning wounds that have a secretion of pus, Callender uses,

exclusively, a camel's hair brush. Every patient gets his own brush, that is kept in an ordinary test glass, hung on the wall, and containing a solution of carbolic acid in rectified alcohol (1 : 4). Beyond the strict isolation thus accomplished, the brush has the additional advantage of being a painless and protecting instrument. Every bandage is so applied, at first, that it can be changed without the least derangement or danger of wounding. A thigh amputation stump, for instance, is laid upon a short, well-bolstered splint, covered with gutta-percha, and the end covered loosely with carbolic oil lint, but so that none of it comes to lie under the stump, because, otherwise, on removing the lint, the wound would necessarily be disturbed. Upon this follows a second, three times folded, well-oiled piece of lint. By a few turns of an ordinary roller bandage the stump is fixed upon the splint, care being taken to avoid every pressure. Now a thick layer of cotton is spread over the end and side surfaces of the stump, and the whole fastened in its position by a second roller bandage. If the bandage is to be removed, which should be done at the end of twenty-four, at the longest forty-eight hours, the outer bandage turns are cut first, and thrown back to be used again, after the manner of Scultet's bandage. The layer of cotton that has received the secretion of the wound is removed. The inner bandage is divided in the front middle line and thrown back, exactly like the first. Finally, the oiled lint is taken off the wound, which is freely exposed to the open air, and, when necessary, cleansed with the camel's hair brush. (No spray.) The dressings, with the exception of the two roller bandages, the divided ends of the latter, are reunited with sticking plaster. The splint is removed after three or four days.

The results that have followed this method, which in no way obeys the strict rules of Lister's school, can be gleaned from the accompanying table. From July, 1869, to July, 1874, forty-four amputations, with only one death, were performed at St. Bartholomew's Hospital, partly by Paget, partly by Callender, viz.: twenty amputations of the thigh, with death in one case; sixteen amputations of the lower leg, two of the upper arm, and six of the forearm, without a case of death. In the period of time from May, 1871, to July, 1874, forty cases of complicated fracture were treated, with likewise only one death.

It would certainly be an error to believe that these very brilliant results were entirely and solely *sensu stricto* due to the method of bandaging. Without doubt, are the attention with which the patients are observed before the operation, the studious preparation for the same, the care that is bestowed upon a judicious position for the wounded limb, the protecting psychical surroundings and good bodily treatment which are there given to patients, and the thousand other advantages which are lavished with open hand upon the inmates of the very richly endowed hospital, of no ordinary significance. We would recommend, on account of the multiplicity of valuable information scattered here and there throughout the work, a reference to the original volume, St. Bartholomew's Hospital Reports, IX, p. 1, 1873, in which will also be found "Two Years' Hospital Practice," by George Callender.

Anything more different from the French method in theory and practice (with the one exception, that in both cotton is used) it would be difficult to find. The French surgeons recommend compression by the bandage; the English surgeons are emphatic, that there shall be no pressure. The commission of the Académie des Sciences consider the worth of their method to lie herein, that the bandages are seldom changed. The St. Bartholomew authorities, on the other hand, claim that their bandage should not remain, at most, longer than forty-eight hours. Guerin and Gosselin believe exposition of wound surfaces to the atmospheric air to be deleterious, while Callender and Paget expose their wounds to such influences. As to the results obtained, it must be admitted that the English present, thus far, much the most favorable record.

(To be Continued.)

CASE OF INTUSSUSCEPTION.

BY S. S. EBERHART, M. D.,
Of Apple Creek, O.

Invaginitis is no doubt a rare disease, but, undoubtedly, not so rare as the profession may deem it, for no doubt often cases fail to be detected before death claims its victim. Or, as in the following case, the symptoms may be so obscure as never to direct the attention of the doctor in that direction. Had this case died before passing per anum the invaginated intestine, the case would have, indeed, been an obscure one, and the "doctors muddled."

On the seventh day of February last I was called to see Mrs. S., aged thirty-four, married, the mother of three children, the oldest seventeen, youngest twelve years of age; very plethoric, weighing over two hundred pounds; sanguine, lymphatic temperament. Living on a farm, and doing the work of a farmer's wife generally. Always enjoyed good health, except attacks of neuralgia of the stomach, of which she has not had any for the last three years. Menstruates regularly. Has always enjoyed life, and is of a very jovial disposition.

She complains this morning of acute pain in her stomach; remains there for a short time, leaves and goes to her head, so alternating all the time for the past two days. Diarrhœa every afternoon. No pain on pressure over stomach. Headache, frontal; whites of eyes yellow; appetite much impaired; pulse 80 and feeble; respiration normal. Diagnosed neuralgia from indigestion, caused by an impaired portal circulation. Gave her a cathartic of pills, to be followed in the morning by quinine and morphia combined, every two hours. Also a mustard plaster to be applied over the stomach.

February 10. The patient feels somewhat debilitated, from effect of physic. She has suffered much from itching produced by morphine, so much so that it required one to rub her all the while with a clothes brush. No pain in the head at all; but has become seated in the stomach. Pulse and respirations the same as on the seventh. Gave her five-grain doses of quinine every three hours, and chloral to relieve pain and produce sleep. She remains the same up to March first. During this interval numerous trials of remedies were made. Opium in any form she could not tolerate, quinine would soon produce cinchonism.

March 1. This morning she complains of numbness of the lower portion of left limb, and pain in ankle-joint, also a sharp darting pain in the great toe of right foot. Pressure along the course of nerves of the left leg gave her much pain, and at spots exceedingly tender. I also found marked tenderness over the intercostal spaces of the seventh, eighth, and ninth nerves. Spine not affected. Appetite entirely gone, and bowels inclined to be costive. Thirst considerable. Put a small fly-blister over region of pain in left side. Chloroform liniment and ammonia liniment, equal parts combined, to be used on the affected limb. Gave internally iron, quinine and arsenic combined, and chloral to produce sleep. Allowed her to take small pieces of ice to allay thirst. Pulse and respiration the same.

March 4. Dr. Martin met me to-day in consultation. Found the patient in the same condition, except some spinal trouble. Tenderness over the seventh, eighth, and ninth dorsal vertebræ, also in cervical and lumbar regions. Pulse 85, feeble; temperature, 100° Fahr. No pain in head, appetite good, thirst still excessive. Pain in stomach and limb the same, great toe better; confirmed diagnosis I had made. Gave iron, quinine, strychnine, and arsenic, combined; chloral to relieve pain and produce sleep. Applied small blisters over tender places of the spine, also proposed to insulate her bed, which I did twice daily.

March 7. Dr. Martin and I saw the case again. She has been resting better; bowels moved naturally for the last four days. Pain now has left her stomach entirely, and become seated in the left iliac region; pain in the limb almost subsided; no pain in great toe. Pulse, temperature, and respiration remain the same from the first. I would just state that her diet has always been generous and of easy digestion.

March 9. Found her sleeping; pulse 100 and feeble, respirations 18, and easy; she looks as though she never had been sick. On awakening her, she expresses herself as feeling very well. Has had no pain since the evening before; has slept well since midnight, without chloral, the first natural sleep she has had since sick. Thinks that her time has come to get well. She had great pain in her bowels the evening before, but has felt quite comfortable since they have been moved. No tenderness over abdomen, no disposition to drink. Gave her tonic doses of quinine and chloral, if needed, and was about to take my departure, when the husband requested me to come and see the stool she had passed the evening before. I went, and on examination I found it to contain a piece of intestine, eighteen inches in length. I told them of the probable result, that death would follow. Enjoined strict quietude and small doses of chloral to keep her at rest. The only thing that I might mistake for intestine would be a diphtheritic cast of the bowels thrown off, but in either case the treatment would be the same, and quite likely, also, the same result. Prognosis at this time extremely unfavorable.

March 10. Professor L. Firestone and Dr. Martin met me in consultation. Found the patient in a comfortable state, cheerful, free of pain, and talked with more strength, apparently, than at any time during her sickness. On examination of the specimen, it was found to be a small intestine, and all agreed from the lower portion of the ilium. Prognosis unfavorable. From the time she first took sick to the passage of the intestine, there elapsed thirty days. At no time during her illness did her bowels remain at rest over three days; moved spontaneously, or by physic. No vomiting, and seemingly no inflammatory action whatever, had occurred. With a pulse at no time exceeding 110, and temperature 101° Fahr., it seemed very strange to us that such an extensive inflammation could occur undetected. We could think of nothing but an incipient case of neuralgia, and all our remedies were directed in that direction. From the 10th of March, up to April 3d, no outward symptoms occurred. The patient had rallied to a great degree, could sit up, and even walk about the room with a little help; all she complained of was weakness, a sort of general debility of the bowels, and want of appetite. When any excess of liquid was taken she would vomit without much effort. Sometimes slight neuralgic pains in her bowels, with still a little tenderness on pressure in left iliac region. Subnitrate of bismuth gave her more ease than anything we could give her, and generally, after taking a small dose, she would sleep as though a full opiate had been given. Her stomach would no longer tolerate chloral. A solution of carbolic acid applied to her bowels gave her much relief from pain. She has a longing for cabbage, grapes, canned peaches, and tartish fruits generally. Beef tea had been her support, but she refuses to take it now, and says it will make her vomit. A broad bandage, applied firmly around her abdomen, supported her bowels very well. Being so heavy, it exhausted her very much to change her position in bed. Instead of beef tea, I gave her egg-nog, with excess of the egg in it, but a day or two was as long as she could tolerate it. It was indeed a heavy task for her to take what she should take, either in the way of support or medicine.

April 3. Excessive pain this morning in the bowels. No passage for forty-eight hours. Stercoraceous vomiting fully set in. She says that about five minutes before vomiting sets in she feels a ball, apparently the size of a fist, commencing at the lower portion of her bowels and gradually ascending until she vomits it. The matter vomited is fluid, yellow, and intimately mixed with bile of a very offensive odor, and of a sour-bitter taste.

April 5. Professor Firestone sees the case again. Patient the same. As soon as the contents of the bowels are emptied by vomiting she feels comfortable, but much debilitated. We conclude that there is a stricture at the junction of union of the intestine. Nothing can be done but to palliate and await the results of nature. Should the powers of life not give way, the stricture might be removed by absorption, but her chances for life are indeed slim.

April 13. Has continued to vomit every other day for the last week, and no motion from the bowels. Ordered a physic to be taken this evening, and followed by another in the morning if the first failed to operate.

April 14. Had a very fine motion of the bowels this morning. Patient feels much better; does not feel like vomiting; very little pain in bowels. Takes a little whisky occasionally, but has no desire for food. After this, when she inclined to vomit, we would give her a cathartic, and so long as we could keep the bowels open she was free from emesis. About every second day she would take pills, and these acted so well with her that she grew in strength, her appetite became partially restored, and everything seemed to point to a final recovery. On the first day of May she took a visit in a buggy to a neighbor, one mile distant. In less than a week she visited me, distance three and a half miles. She looked well, and says she feels very well, except the vomiting, which will come on if her bowels fail to move. When she sits or walks she is much inclined forward, to relax the abdominal wall. She spent most of her time in going short distances to her neighbors, since her first visit. Gradually, however, after the latter part of June, her bowels became more and more rebellious; constipation fully set in, vomiting becoming excessive, and the powers of life fast declining; and, on the 13th day of July, she died, having vomited almost incessantly for the last twenty-four hours.

Autopsy.—Twenty-four hours after death, Dr. Martin and I met to perform the post-mortem. Owing to lateness of the hour, we could not enter into the details as minutely as we might

desire, and were compelled to be content with the examination of the abdominal viscus. Rigor mortis not well marked. Abdominal wall heavily loaded with adipose. On reaching the abdominal cavity, we found it to contain an immense quantity of dark fluid intimately mixed with pus and broken-down tissues. The omentum lay coiled upon itself from before, backward, and firmly united. Peritoneum in a complete state of ulceration over the whole surface, and could be detached from the intestines by the slightest effort with the finger. The intestines were almost inseparably connected by inflammatory action, so that they would not move upon themselves, but lay like a united mass. Bladder, uterus, and kidneys normal and in a healthy condition. We now examine the left iliac region, where we expect to find the seat of trouble. With difficulty we dissect up the intestine, but no trace can be found of the spot of invaginitis. We come to the coiled omentum of which we spoke, and in our endeavor to uncoil it by dissection we find the intestine running through the coil. On rupture of it here, we find that two ends are firmly united to it, and at a distance of six inches apart, the fold of the omentum forming a perfect channel, compensating for the six inches of the missing intestine. In this channel we found the same material that was found in other portions of the bowels. Intussusception had here taken place, at the distance of two feet from the stomach. Why the omentum should play this part of the drama we were and are still unable to account for, unless it was the primary cause. Perhaps in it became entangled the portion of intestine which sloughed and passed off per anum, and perhaps not. At the lower opening of the intestine there was a partial stricture, which would barely admit the introduction of the little finger. The walls of the intestines were very fragile, and would give way on the slightest effort. The liver was greatly enlarged, but uniform. Edges rounded; surface smooth and glossy; of a very fragile consistency; upon the slightest pressure the finger would penetrate the organ; dry and bloodless, of a yellow clay color. We consider it a case of amyloid degeneration. The omentum of which we spoke was hard and nodulated, and on section its appearance resembled exactly that of the liver. The intestines were filled with the same substance vomited.

From the time she first took sick until her death, there elapsed one hundred and fifteen days. At no time delirious, and always able to express her wants and locate her pains.

Hospital Reports.

UNIVERSITY HOSPITAL.

SERVICE OF PROF. H. C. WOOD, M.D.

REPORTED BY WILLIAM L. TAYLOR.

Caries of the Vertebræ.

The case which I have to show you, gentlemen, is one of great interest in a diagnostic point of view.

This man came under my notice about one week ago, complaining of paralysis of the right arm and leg. We are accustomed to associate hemiplegia with diseases of the brain, and consequently our patient was believed to be suffering from brain disease. In looking at the man, you will notice that there is no drawing of the face. It is a hemiplegia which affects only the arm and leg of the right side. On examining further, I find that, whilst motion is paralyzed on the right side, sensation is affected on the left side. If you will recall your anatomy, you will remember that when the sensory nerve-roots enter into the spinal cord they pass into the gray matter, and immediately cross to the other side. The motor fibres pass up the cord in the side at which they enter, and do not decussate until they enter the medulla oblongata.

On inquiring into the man's history, I found no failure of memory, or other symptoms of cerebral disease, except the hemiplegia, paralysis and headache. I found these headaches had lasted from childhood, coming on at irregular intervals. In the paroxysm, the pain grows greater and greater, until it seems that the agony cannot be borne, and then nausea and vomiting follow, with subsidence of pain. These headaches are evidently migraine, and are of mere chance occurrence in the case. During my questions, the man said voluntarily that he could not stand the slightest jar, because it caused frightful pain in the neck. Whenever you have a patient coming to you saying, "When I make a false step, it causes agony in the back," always remember that the probability is that there is, somewhere in the spinal cord of that patient, commencing caries. Then I asked him to let me drop atropia in his eyes. When I wanted our patient to put the head back so that I could drop atropia into his eyes, the attempt caused frightful pain in the back of the neck, and the diagnosis seems to me plain. The facts that the circulation and the respiration are not affected, that in the facial region there is no paralysis of motion, sensation, or special sense, that the anæsthesia is on one side of the body and the partial loss of motion on the other, show almost positively that the case cannot be one of cerebral disease, for the decussation of

the motor nerves is in the medulla; then it is scarcely possible that a progressive disease of this small organ should implicate motion and sensation without causing other symptoms. Not only is there proof that the patient has no cerebral lesion, but there is also good evidence of vertebral disease, consisting of the inability to throw back the head, excessive pain caused by a jar, tenderness upon deep pressure over the third cervical vertebra, and other facts to be noted directly. The man suffers from some pain in the right supra-scapular fossa, shooting across the shoulder to some extent, and radiating up to the neck, where it seems to have a second centre, and sometimes passing up over the head. Cough or jar increases it. I have noticed that the peculiar jar made by coughing increases the pain of the spinal caries very remarkably. In a case I saw yesterday, the great complaint was that the woman had an habitual cough, and that caused her agony. So this man tells you that the cough hurts him more than the jar in the street car. To confirm the diagnosis already reached of vertebral disease, let us apply Rosenthal's test. He takes the two poles of a battery and runs them right along each side of the spinal column, pressing deeply and firmly into the muscles. The electric current passes in a direct line through the vertebræ. There is a certain amount of disagreeable sensation caused everywhere, but when a diseased vertebra is reached a burning pain is produced. This test appears *a priori* to be a good one. But my experience has shown it not to be thoroughly reliable. The other day the response to this test was decided. It gives now, as I touch the part the patient complains of, a burning pain. In speaking further of this case, let us inquire into the cause.

This paralysis came on gradually after typhoid fever, and yet I cannot believe that it was due directly to the typhoid fever, though the latter was very likely its indirect cause. The patient has had syphilis. In this I think is to be found the real cause of the disease. The typhoid fever only aided in provoking the development of the attack by reducing the system. On the whole, therefore, I believe this man to be suffering from an incipient caries of the third or fourth cervical vertebra, and that the disease of the spinal cord is a secondary affection. What is the prognosis? I think the prognosis is pretty good here. This man's condition is very serious, but under proper treatment he has a fair chance of recovery. There was some years since a case, in my ward in the Philadelphia Hospital, in whom both arms were paralyzed, and in whom the head sank down until it seemed to peer out from between the shoulders. The neck was actually shortened, until it seemed to have disappeared. Under treatment, the secondary affection of the cord subsided, and the man became able to go to work. We get this case before there has been any very decided local change, and before the arms have been completely paralyzed, and, therefore, there is more hope of curing it. Before speaking of the treatment, let me call attention to the condition of the spine in case of spinal affection: We have evidently myelitis; secondary upon the caries, or diseased vertebræ, we may have a gummatous tumor. Here evidently we have secondary myelitis, confined to the right side of the cord chiefly. It is the right side of the arm paralyzed in motion with the right leg, and the motor fibres of the cord do not decussate. It is the left arm and left leg in which sensation is affected. Therefore, we have myelitis of the right side of the cord. At the same time we have a certain amount of trouble upon the other side of the cord, because we have some loss of sensation with the loss of motion in the right arm; there is no doubt some local meningitis in this. The spasms, and especially the fixed severe pain, indicate that the nerve-roots are irritated. And it is almost impossible to conceive that you should have myelitis with disease of the vertebræ without having the membrane involved which lies between the vertebræ, and accordingly we have meningo-myelitis.

Shall we treat this disease, or not, primarily, gentlemen? If you have a thorn in the flesh, it will make the flesh sore, no matter what you apply. You must remove the primary disease. If you are unable to remove the primary disease, you may do great good in modifying the secondary disease. We must not forget the nervous disease. We must see that these muscles do not waste under the influence of the secondary palsy. We must do what we can to mitigate the condition of the cord. But, above all, we must relieve the disease of the vertebræ. Fortunately, what we do to relieve the disease of the vertebræ, is what we do to relieve the condition of the membranes. The treatment is threefold. Treat the syphilis with anti-syphilitic remedies; not mercury in its ordinary forms, but iodide of potassium in large doses. I think benefit is to be derived with minute doses of the corrosive sublimate and large doses of the iodide:—

℞. Potass. iodid., gr. xv
Hydrarg. bichlorid., gr. $\frac{1}{16}$ or $\frac{1}{20}$.

Sig.—Four times a day.

Allow the man to take cod-liver oil and tonics.

Remember that syphilis is brought into life in a man by physical weakness. It is a monster kept under foot by physical strength. It is always of primary importance to bring up the strength. Give tonics, bark, bitter tonics to keep up the appetite, nutritive tonics, cod-liver oil, and all the nutritive remedies of this class, iron, etc. The local treatment is often more important than the constitutional, or just as important. The local treatment consists of two things. What is the one great cause of the pain, and what is the reason that the jarring hurts him so? He has a weight upon the column, and the pressure is increased by jarring. We must lift the weight off of the column. This man ought to have made an apparatus to support the head by lifting it up from the

shoulders, having the latter as the fixed point. This is very important, so important that I do not think our patient can be cured without it. Then, again, we must use powerful counter-irritation. The best form of counter-irritation in cases of the spine is the actual cautery, and I propose, with his consent, to use it on him to-day. In using the iron, remember that it should be very hot; the hotter the iron, the less the pain. The application should be but momentary, and there is no necessity of giving an anæsthetic. The pain after the operation is more to be dreaded than is the pain of the operation, and it should be combated by morphia given by the mouth, or, better, hypodermically.

PENNSYLVANIA HOSPITAL.

SERVICE OF DR. JAMES H. HUTCHINSON, DECEMBER 8, 1875.

REPORTED BY G. W. MECASKEY, STUDENT.

The patient before you is a young woman, 24 years of age, who was admitted into the hospital on the fourth day of the present month. She had intermittent fever two years since; but after this had yielded to treatment, remained healthy until about ten days ago. She was then taken with a chill, followed by fever, and when admitted here her condition was as follows: There was decided tympanites, with tenderness in right iliac region. Pain in abdomen and head, with signs of great nervous prostration. A few ill-defined spots, somewhat resembling rose-colored spots, were found on the back. The bowels moved rather freely on the day of admission. The urine was of acid reaction, with a specific gravity of 1·007. There was also epistaxis.

The patient was put to bed, and ordered the following:

℞. Quin. sulph., gr.ij
Acid. muriatic. dil., gtts.x. M.
Sig.—Three times daily.

After listening to the foregoing, you will, probably, at once jump to the conclusion that the patient has typhoid fever, as all these symptoms are present in that disease.

On the evening after the patient's admission, the temperature was 102° F.; but two days after this, it was found to be 100° in the morning, and 101° in the evening. The next day it was 98° in the morning, and 98½° in the evening. This morning the temperature was 97½°. The disease has, therefore, not yet reached its third week. Now, typhoid fever does not run so rapid a course. The temperature rises gradually until it reaches 102, 3, or 4°, according to the severity of the case. If, therefore, you are called early in the disease, and find the temperature above 102°, it is probably not typhoid fever; but if, on the next day, the temperature should be found to be lower, then this fever can certainly be excluded. At the end of the first week the temperature begins to oscillate, and in the third week begins slowly to fall. We have had here a fall of nearly three degrees in one day in the second week of the disease.

This sudden fall may indicate either a serious complication or convalescence. If the former is the cause, it may either be perforation or intestinal hemorrhage. In either case the temperature will afterwards almost invariably rise.

We have, then, before us a case of simple continued fever. These are the cases of so-called typhoid fever, reported as of short duration, and for which those reporting them have favorite remedies. If I had been a believer in the power of quinia to cut short the disease, and had given it in large doses, I would have attributed the present results to its action. As I only gave it in tonic doses, no such effect can be claimed for it. The cold water treatment has, also, been supposed to have an abortive effect on typhoid fever. I would not have you understand, after what I have said, that I consider remedies useless; but it is impossible to cut short the disease by any treatment of an abortive nature; it will run a certain definite course in spite of all such treatment.

While quinia and cold water are powerless to cut short the disease, they are invaluable remedies in combating the high temperature. I should immerse the patient in a bath a little below 80° Fahr., and allow him to remain in it until his temperature is reduced to the normal. If this does not very readily take place, cold water should be added to the bath until the temperature is reduced to 70°. After he is taken out he should be carefully dried and placed in bed. This treatment, which has been fully carried out in the German Hospitals, has reduced the mortality of the disease down to two or three per cent. As this cannot be conveniently carried out in this hospital, I should resort to wet sheets or sponging. Quinia in large doses will also reduce the temperature for a time, but it must be repeated in order to keep up its effects.

Do not, in any case, employ purgatives or bleeding, for they can only be productive of harm.

It is of great importance that the diet should be carefully regulated. The principal lesion, as you are aware, is ulceration of the glands of the small intestine; this indicates that the patient should be placed on soft and easily digested food.

I did not employ alcohol in this case, because I did not think it was needed. It is not always necessary to employ stimulants; and where it is not so, moral considerations should prevent their use. But there are many cases where it is essential to give them, and where we would do wrong to withhold them. Where the tongue is coated and brown, and the nervous prostration marked, alcohol, in the amount of eight to twelve ounces in the twenty-four hours, may be given.

Simple continued fever is the result of simple irritation; whereas, typhoid fever is caused by

a specific poison, produced, we are led to believe, by sewer emanations. The poison may be conveyed either through air or by water. An illustration of the latter method of communication was recently observed in London. An epidemic of typhoid fever occurred, which was noticed to follow the course of a certain milkman. Upon investigation, it was found that a case of typhoid fever had occurred in his family, and that the excreta had been thrown upon an ash heap near the well, into which they had found their way by gradual soakage through the earth. The supposition was, that the water had been used to dilute the milk, and thus conveyed the poison.

The typhoid fever poison has been supposed to be of an alkaline character, and acids have, therefore, been recommended, to neutralize it. Though not endorsing the above theory, I have long employed the acids upon other principles.

Although this is not a case of typhoid fever, we will continue the treatment instituted, as it is equally applicable to simple continued fever. The temperature is now not only fallen to the normal standard, but below it. This not unfrequently happens in cases where the temperature has been exceedingly high.

There is no diarrhœa or constipation, the bowels acting about as in health. You may, sometimes, be in doubt whether a patient has typhoid fever or not, from the absence of the diarrhœa, as there are undoubted cases without this symptom. A very small dose of castor oil will often decide this, by its greatly increased action over that which is usually observed.

Note.—The patient was shown upon the following lecture day, entirely well, and has since been discharged.

Medical Societies.

NEW YORK NEUROLOGICAL SOCIETY.

Stated meeting, December 6th, 1875. Dr. William A. Hammond, President, in the chair.

The Cause of the Death of Vice-President Wilson.

Dr. W. A. Hammond read a paper on the above-named subject. He said that, first, Mr. Wilson did not die of apoplexy, as was stated by the newspapers, and, secondly, that the seat of the lesion which had proved fatal was the medulla oblongata. Dr. Hammond did not think that death had been due to apoplexy, from the fact that no clot of sufficient size to prove fatal could be discovered, and that the only recent clot was about the size of a pea, and situated in the choroid plexus. The heart presented no sufficiently important lesions to attribute the death to cardiac disease; the same could be said of all the other viscera, thoracic and abdominal. He alluded to the possibility of reflex vasomotor spasm as being the cause of death, or, in other words, to that mode of death resulting from taking a draught of cold water, which produces a fatal anæmia in that part of the medulla oblongata that gives origin to the pneumogastric nerve, death having occurred in this instance on taking a glass of bitter water. Dr. Hammond was of the opinion that the fatal lesion had occurred in the medulla oblongata, and in all probability resulted from atheromatous degeneration of the arteries which supplied the upper part of the spinal cord. The principal facts upon which this diagnosis was based were: first, the well-marked calcareous degeneration of the basilar artery and its branches; secondly, the changes which were found in the stomach, that tended to prove changes in the medulla oblongta. It has been observed that changes occurring in the upper part of the spinal cord resulted in lesions in the stomach, *e. g.*, ecchymotic spots, etc. In Mr. Wilson's case erosions of the gastric mucous membrane were visible.

RHODE ISLAND STATE MEDICAL SOCIETY.

The Medical Society met, according to notice, at Woonsocket, the Providence members going up by a special train. The first business after the meeting was called to order by the President, Dr. Jenckes, was the reading, by the Secretary, Dr. Anthony, of the Censors' report.

The report of the Committee on Hygiene came next in order. Dr. Fisher, the Chairman of that Committee, announced that this report was signed by all the members. We can give only an abstract of the report of the Committee:—

First—Injury to pupils at school is mainly due to deficient ventilation, unequal heating, long confinement to one, often abnormal, position, and mental excitement not necessarily connected with effectual study.

Second—Two short sessions daily are better than a single long one.

Third—In sessions of three hours, at least two recesses should be allowed, one of them to be devoted to light gymnastics.

Fourth—Study at home should not be required of pupils under twelve years of age, nor of older ones except under judicious limitations.

Fifth—The half-time system is desirable in localities where the children are engaged in steady industrial occupations.

After the reading of the report, Dr. Ballou moved that it be laid upon the table until the transaction of other business, which was voted.

A letter was read from the Centennial Medical Commission, asking that the Society appoint delegates to an International Medical Congress, to be held in Philadelphia, in September of the Centennial year. Upon motion of Dr. Snow, the appointment of these delegates was postponed until the June meeting.

Dr. Eldridge, of East Greenwich, read a paper upon an epidemic of scarlet fever which raged in that town during the past year. The

two hundred and thirteen cases were, with one exception, children. Allusion was made to the fact that, as a rule, one attack of this disease protects the system from further contagion. In reply to the proposition that children should be secluded from contact with other children, especially in public schools, Dr. Eldridge said that in his opinion it is better to send the children to school than to keep them at home under the excitement of apprehensions, but they should not be allowed to attend funerals of those who have died of scarlatina, nor needlessly pass the houses of those who are ill.

Dr. Ballou inquired at what period the danger of infection begins and when it closes. Dr. Eldridge replied that, as in small-pox, the early stage is less dangerous than that of convalescence. The danger is, that children will be allowed to go abroad and into schools before they are free from contagious germs.

In reply to a question concerning his method of treatment, Dr. Eldridge said that he used disinfectants, as carbolic acid, chlorate of potash, and salicylic acid.

Bathing with warm water and vinegar, and rubbing the skin with olive oil or a ham rind, is serviceable to allay the itching. Liquorice, added to quinine, where that is used, makes the latter more palatable.

The disinfectants applied to the throat in the form of spray by an atomizer lessen inflammation. All these disinfectants are destructive to the poisonous germs which are supposed to be present. The doctor was asked why he did not use cold instead of warm water, and replied that the shock is less if tepid water is applied.

Another member had found cold water especially grateful to the patient, and tending to protect the system from atmospheric changes.

Dr. Ballou spoke of the importance of this question, and of the change in the treatment of this disease since his remembrance. His first case was in 1832, and the disease was then so little known in this section that he and the other physicians whom he consulted were in doubt as to the nature of the disease. He had seventy cases in 1832, and lost but three. He believed the disease to have changed its nature somewhat in later days. The heroic treatment adopted by one physician was not productive of good results, and it was found unwise to continue the blistering of the fauces, catharticizing, and other severe remedies. He found bleeding beneficial in some of these earlier cases, but would not venture upon that treatment now. He would hardly be willing to omit tincture of iron from his practice, but would not advise large doses. He had never subscribed to the theory that scarlatina is disseminated by contact. He thought it as much atmospheric as contagic. It is undoubtedly contagious, but in a less degree than is generally believed. He had used croton oil where there was congestion of the brain, without inducing debility, and with benefit.

Dr. Clapp gave some reminiscences of his experience with scarlet fever in Northampton and vicinity many years ago. He had no doubt of the contagious nature of scarlet fever. It is epidemic, endemic and sporadic. He thought that in this disease too much is often done. He approved of cold bathing. He had found benefit from sulphite of soda, put dry upon the tongue. The disease is not so mortal as when it first appeared. He approved of crystals of iodine placed in saucers in different parts of the room. Anodynes he had always found harmful, even Dover's powders. He applied salt rubbed into lard to the throat. It is better to keep the child from exposure four weeks than three, even when the case is a mild one Digitalis, combined with quinine and iron, is indicated in cases where dropsy supervenes.

Dr. Snow called up the subject of School Hygiene, and urged the passage of the resolutions presented early in the day. He read the first resolution, and moved an amendment by inserting the words "while in the school-room." The amendment was carried and the resolution was adopted, as was also the second, third, fourth, and fifth.

Dr. Snow offered the following resolution in addition :—

Resolved, That among the most prominent causes of ill-health among pupils while attending school, we must recognize the following :—Attending balls and parties, sitting up late at nights, eating improper food, drinking tea and coffee, and especially reading works of fiction.

The President announced the appointment of Dr. E. M. Snow as Vice President, in the place of Dr. Pierce.

It was voted to hold the next meeting of the society in Providence, after which the meeting was adjourned.

Editorial Department.

Periscope.

Hemorrhage after Tooth Extraction.

We abridge a case of this lately occurring in St. Thomas' Hospital, London :—

A man, 33 years old, had a tooth extracted August 10th, and the hemorrhage continued. The clots were removed from the mouth, and the bleeding surface discovered, which appeared to be the whole of the tooth cavity and the surrounding gum. Plugs of lint were used, steeped in a strong solution of perchloride of iron, and the teeth pressed firmly together with a bandage

beneath the jaw. This stopped the bleeding for several hours, but on account of the reappearance of hemorrhage, the solid perchloride of iron was used, and with better effect. The latter, however, caused much irritation and swelling of the face.

August 13th. Feels very weak; lost about half a pint of blood during the day. Patient takes a fair quantity of milk.

14th. Bleeding very profuse; no good results from graduated pad and solid perchloride of iron. As the man was becoming very weak, the application of the hot iron was decided upon. This was done under the influence of ether.

15th. Hemorrhage ceased for twenty hours, but at the end of that time it reappeared.

17th. Actual cautery used, which stopped the bleeding for eighteen hours.

18th. Bleeding profusely at 2 P. M.; cavity firmly plugged with cotton-wool saturated with solution of iron; subcutaneous injection of one grain of ergotin every day.

20th. No improvement in patient; blood can be seen to well up from the tooth cavity; face much swollen; occasional attacks of delirium.

21st. Cavity plugged with gutta-percha, and afterward with plaster of Paris, neither of which succeeded in stopping the bleeding.

23d. Patient has been losing about a pint of blood daily for the last three days. Has become very exhausted and pallid; speaks of noises in his ears and bright objects before his eyes. Ten grains of gallic acid given internally every two hours, and a subcutaneous injection of morphia at noon and midnight.

24th. Less bleeding to-day. Takes a fair amount of nourishment.

25th. Bled about five ounces this morning. Plugged with cotton-wool and strong solution of perchloride of iron.

27th. No bleeding for forty hours. Patient feels a little stronger, but has a very anæmic and peaked appearance.

September 1st. Commenced solid food.

2d. Up for the first time since illness.

5th. Left the hospital.

Remarks.—Cases of prolonged hemorrhage after extraction of teeth are sufficiently uncommon to make them of interest; and when the bleeding continues, as it did in this case, over so long a period (fifteen days), notwithstanding very active means being employed, the case then becomes alarming, both to patient and surgeon. It is worthy of notice that, in the present instance, the blood appeared normal in its coagulating powers, and, therefore, unlike many of the recorded cases of hemorrhagic diathesis, where the thinness and non-coagulability of the blood point to an alternation in its physical and chemical characters. Here it coagulated firmly and quickly. Throughout the case the pulse and temperature remained at their normal standard. Thirst was a marked symptom. It was found that the actual cautery arrested hemorrhage for some hours; but, on account of its bringing away incinerated tissue, the results of its use were inferior to firm plugging with the strong solution of the perchloride of iron.

Re-positing the Child in the Vomiting of Pregnancy.

The following case illustrates what seems to us a very noteworthy suggestion of Dr. E. Copeman. We quote from the *British Medical Journal*:—

A lady, five months gone in her second pregnancy, caught a cold, had a chill, and was attacked with severe frontal neuralgia; at the same time, she became unable to retain her food, and for several days vomited everything she took. She is of a delicate, excitable habit, and had for some weeks previously been taking a great deal of exercise, rowing, etc. Latterly, she had been feeling her dress rather tight, but had not hitherto let it out, and remarked to me that no one would have known she was pregnant from her appearance. For her attack of neuralgia, she had taken aperients and quinine, which latter did not, as she said, agree with her; and she had had local applications over the brow, of belladonna, aconite, and chloroform, none of which had relieved her. Hypodermic injection of morphia had been suggested, and, from the severity of the pain, I thought it very proper treatment in default of other remedies. I found the neuralgic pain intolerable, the left eye watering, and she was unable to bear even the pressure of the pillow upon the part. No local application appeared to relieve her. The constant vomiting after food (not a necessary result of neuralgia), coupled with what she described as a "riotous motion of the child," led me to think the whole case might have a uterine origin. Perhaps the child was dying; but, on examination, I heard the fœtal heart distinctly, and could mark out the position of the placenta by the peculiar *bruit*. I then examined *per vaginam*, and found the head low down in front, and the os uteri corresponding with the promonotory of the sacrum; the pelvis was capacious; and it seemed to me that the uterus was anteverted, so as to allow the head to be felt below the level of the os uteri. The os was slightly patent, but there was no discharge, and no particular feeling of bearing down, only a frequent desire to pass urine. By gentle continued pressure, I raised the protruding portion of the uterus with the head of the child out of the lower pelvis, and restored the os uteri to a more natural position; after which, I was bold enough to prognosticate that no further vomiting would occur. Some hours afterward, I had a message to say that no further sickness had occurred, but that the pain in the brow was as bad as ever. On my visit the next morning, I found there had been no return of vomiting, that she had slept well during the night, and there was no pain, "only a feeling of having been bruised," as she expressed it, in the forehead. She had taken no medicine, neither had she used any local appli-

cation, except warm water, since my visit the day before. She had taken simple nourishment and a little champagne to relieve the faintness which the excessive pain had occasioned. On visiting her the next morning, I found she had slept soundly all night, had neither sickness nor pain, had taken nourishment, partridge, etc., without any feeling even of nausea, and really appeared well, with a good pulse, healthy skin, clean tongue, and cheerful, happy expression of countenance. After one day's interval, I have seen this patient again to-day, and found her in every respect perfectly well, and contemplating a journey into Scotland in the middle of next week.

Treatment of Pericardial Effusion.

Dr. J. W. Martin reports in the *Medical Press and Circular* the case of a girl, aged twenty, who presented herself November 22d:—

As she complained of soreness in the epigastric region, I closely examined the state of the heart. There was decided tenderness to the touch over the region of the heart, and pain felt on making steady pressure upward under the ribs. Area of dullness greatly enlarged, measuring four and a half inches downward from the lower border of the third rib on the left side, and six inches in the lateral direction from midsternum over to the left to a point about two and a half inches outside a line drawn vertically through the left nipple. Heart's impulse could not be felt—the first sound very faint and indistinct at the apex, the second also indistinct over the base. A soft murmur audible over the whole region of the heart synchronous with the systole, its maximum intensity being at a point midsternum, on a level with the articulation of the third rib; this murmur was not prolonged into the aorta or carotids; its general character seemed to be that of a friction murmur. Lungs healthy.

As treatment, a blister was applied over the heart for eight hours, and the following mixture prescribed:—

R.	Potass. iodidi,	gr.lxiv	
	Tr. aconiti,	℥iss	
	Syrupi,	℥j	
	Aquæ ad.,	℥viij.	M.

Two tablespoonfuls to be taken three times a day.

November 27th. Blister acted well. In every way felt much improved. Area of cardiac dullness diminished, measuring three by three inches. Heart's action strong, both sounds perfectly distinct, rhythm regular. The first sound accompanied by the soft friction murmur previously described in connection with the systole, this murmur being now more distinct. The heart's impulse felt strongly on placing the hand over the apex. Pulse 88; tongue clean; bowels confined; respiration easy. Dyspnœa, headaches, and palpitation gone. Capable of increasing exertion; can walk against an incline without any sense of distress. Treatment continued.

December 4th. Friction murmur still heard, but all soreness and other discomfort gone. She expressed herself as feeling quite strong again. Able to resume work.

July 21st, 1875. The improvement in this case has, so far, proved permanent. She has remained steadily at her work without any return of her former unpleasant symptoms.

The gravity of the symptoms, and the success attending their treatment in the foregoing case, are worthy of note. The probabilities of the case all point to the existence of pericardiac effusion. The faintness of the first sound, the loss of impulse, and the subsequent disappearance of the dullness under treatment, seem to negative the possibility of hypertrophy.

The Method of Bi-polar or Bi-manual Version.

This method of version is particularly applicable in narrowed pelves, and premature birth. It was described by Dr. Hicks, in Vol. v of the London *Obstetrical Transactions*. Its importance induces us to give its details:—

We will suppose a case where everything is normal; the os uteri dilated to admit one or two fingers, membranes perfect, and the face directed toward the right side. The patient may be placed in the ordinary obstetric position.

Having lubricated my left hand, I introduce it as far into the vagina as is necessary, in order to reach a finger's length within the cervix. Sometimes it requires the whole hand, sometimes three or four fingers will be sufficient in the vagina. Having clearly made out the head and its direction, whether on one side or other of the os uteri, I place my right hand on the abdomen of the patient toward the fundus. I then endeavor to make out the breech, which is seldom a difficult matter.

The external hand then presses gently but firmly the breech of the right side; as it recedes so the hand follows it, either by gentle palpation or by a kind of gliding movement over the integuments, while at the same time the other hand pushes up the head in the opposite direction, so as to raise it above the brim.

It may here be mentioned that when the head has descended a considerable distance into the pelvic cavity, or more than half way through the os uteri, it is scarcely possible to lift it above the brim, especially if the uterus be active.

When the breech has arrived at about the transverse diameter of the uterus, the head will have cleared the brim, and the shoulder will be opposite the os, that is, pushed on in like manner as the head, and after a little further depression of the breech from the outside, the knee touches the finger, and can be hooked down by it. It very frequently happens, when the membranes are perfect, that as soon as the shoulder is felt, the breech and foot come to the os in a moment, in consequence of the tendency of the uterus to bring the long axis of the child coincident with

that of its own. Should it, therefore, be difficult to hook down the knee, depress the breech still more, and it will be almost always the case that the foot will be at hand.

It will sometimes render turning more easy if, as soon as the head is above the brim, we pass the outside hand beneath it, and push it up from the outside alternately with the depression of the breech. All this can generally be performed in much less time than I have taken to describe it, although in some it requires gentle, firm, and steady perseverance, with such a supply of patience as is always demanded in obstetrical operations.

If the os will only admit of one finger, and the foot cannot be brought through in consequence, it can yet be retained at the os by pressing it with that finger against the inner surface of the os, the most convenient part being against the interior parts, because the pubes will assist in supporting the pressure, while at the same time, in most persons, unless very stout, the hand pressing externally above the pubes, is capable of assisting us materially in retaining the leg in that position, and securing the allied change, ready for us to take advantage of it, should the case so require it, as soon as the os dilates sufficiently, and the mere retention of the leg here is of considerable value, for, as I dare say others can bear me out, in cases of turning, even when we cannot effect turning immediately after having seized one of the limbs, yet the holding on to that part, and newly fixing it, ultimately produces such an improved relationship between the uterus and its contents that the after-operations succeed more easily. This is, doubtless, partly by the action of the uterus, and partly by a gentle and insensible traction on the part at the same time.

Should the child face toward the left side, the only difference required in operating is, that the breech be pressed toward the left side, and the head to the right.

On the Electrolytic Dispersion of Tumors.

Dr. Julius Althaus, Physician to the London Infirmary for Epilepsy and Paralysis, writes to the *Medical Press and Circular*:—

There are now so many and effective modes of treating the various forms of morbid growths which are met with in practice, that it would hardly be allowable to add another means to those already at the disposal of the surgeon, unless it could be shown that it possessed peculiar advantages of its own, over other methods in use for the destruction of these growths, or that it was applicable to such forms of tumors as were otherwise unmanageable or rebellious to treatment. I would recommend the electrolytic treatment for nævus, sebaceous tumors, bronchocele, recurrent fibroid, and secondary cancer.

With regard to nævus, it may be said that electrolysis has the following advantages: Over excision, that of being entirely bloodless; over the injection of perchloride of iron, that it is not dangerous to life; over cauterization by nitric acid, that it can be better localized, and acts more thoroughly; over the subcutaneous ligature, that once the operation is performed no further suffering is caused to the child, or trouble to the medical attendant; and over the galvanic cautery, that it does not leave a scar. It is rapidly successful in the flat round tumors of the size of a shilling, which are only slightly raised above the skin; but acts less quickly in extensive port-wine marks. Where nævus assumes the form of large fleshy masses or lumps the treatment is more tedious, and unless the patient perseveres, not so satisfactory in its results.

An ordinary round flat nævus generally yields to a single electrolytic application, while in large port-wine marks as many as half a dozen applications may be required. The current should be directed to the tumor by means of fixed rows of gold needles connected with both poles of from ten to fifteen cells of Becker-Muirhead's battery. There is no pain or discomfort after the operation; no dressing is required, because there is no discharge. The scab remains dry, and peels off in ten or fourteen days, leaving a healthy surface, which gradually assumes the appearance of the surrounding skin.

Morphia in Neuralgia.

Mr. Spencer Thompson writes to the *Lancet* on the subject of neuralgia:—

Even phosphorus, we know, will, after a time, lose its power in some obstinate cases of neuralgia, at all events its power of giving rapid relief; and then it is that the invaluable hypodermic administration of morphia comes to our aid. This remedy, and its mode of administration, are too well known to require comment here; but it is far from being as generally employed as it ought to be. This, perhaps, is due to various causes, but of these I believe the principal are, the means of administration not being always readily available, and the objection of patients to the pain consequent upon the use of coarsely constructed instruments. The first of these objections I have endeavored to meet by the use of a very portable hypodermic apparatus, enclosed in a metallic case, with ample supply of needles, and the great desideratum, an always moist and efficient piston; and by always carrying a supply of gelatine discs. The second objection is met by the use of very fine steel needles only. The discs, which contain one sixth of morphia in each, are a very safe and efficient dose for most cases, although in some it may be well to begin with a less amount, and in many it may be advisable to increase the dose considerably, half a grain, or even double that amount. I may here give it as the result of a very large experience in the hypodermic administration of morphia, that concentrated solutions are the reverse of advantageous. In the first place, they are not so safe as the more dilute; and, in the second, they do not act so quickly and agree-

ably. The usual strength I employ is one grain of hydrochlorate of morphia in forty minims of water, rarely in thirty. The slight increase of bulk is of no consequence, and in administrations I can count by the thousand, I have never seen the slightest bad consequence, in the way of abscess or otherwise, result to the patient.

Reviews and Book Notices.

BOOK NOTICES.

Medical Society of New Jersey, Transactions of 1875. pp. 252.

This neatly printed volume contains the usual minutes, the president's address, an essay on precision in diagnosis, by Dr. H. R. Baldwin, obituaries, and reports from the district societies in seventeen counties, leaving only one county from which no report was received.

The subjects treated are various and practical. A case of chronic splenitis is given by Dr. Townsend, with an autopsy. An instance of scarlatina carried in the clothing is contributed by Dr. R. M. Bateman. "The Microscope in Gynecology" is a careful paper, by Dr. A. M. Edwards. And there are a number of others, highly meritorious to the writers.

George Washington; or, Life in America One Hundred Years Ago. By John S. C. Abbott. Illustrated. New York, Dodd & Mead, 751 Broadway. pp. 360.

Notes, Explanatory and Practical, upon the International Sunday-school Lessons for the Year 1876. By Rev. Rufus W. Clark, D. D. Dodd & Mead, New York.

These useful publications, published by the energetic firm of Dodd & Mead, will be welcomed by a large class of readers. Few writers have a wider popularity than Mr. Abbott, and the subject of this book should make it one of the greatest favorites from his pen. The title of the second work indicates its valuable character.

The Popular Health Almanac for 1876. Edited by Frederick Hoffman. E. Steiger, publisher, New York city.

This work was prepared at the suggestion of the American Pharmaceutical Association, to take the place of the quack medicine almanacs scattered broadcast over the land. Of course, the attempt has been freely and meanly criticised by the class against whom it is aimed and their hired organs. All the more should the profession and reputable druggists give it wide circulation. It is ably composed, neatly printed, and full of useful information. There are a calendar, an editorial, something about healthy houses, pure water, food, etc., first help in emergencies, a list of the most popular nostrums and their composition, popular works on the subject of health (not a very carefully selected list), and statistical tables. The editor has succeeded very fairly in his first attempt, and it is to be earnestly hoped will be encouraged to repeat it and improve on it. The price to druggists, and others who wish to distribute it, are as follows: from New York, for cash, viz., 250 copies $10.00 (that is $4.00 for each 100 copies); 500 copies $19.00 (that is $3.80 for each 100 copies); 1000 copies 37.00 (that is $3.70 for each 100 copies). These rates include the printing of the druggist's business card on the lower half of the front page of cover.

Transactions of the Kansas State Medical Society. 1875. pp. 82.

This record is of the ninth meeting of the State organization. It was held at Topeka, was fairly attended, and the papers presented generally able and pointed. Dr. G. L. Lewis speaks of the effects of compressed air on the system; Dr. J. H. Stuart of infantile diseases, stating that, even in Lawrence, Kansas, 36 per cent. of the whole number of deaths are in children under one year; Dr. W. L. Shenck has a philippic against alcohol; Dr. J. S. Manning discusses chloral; Dr. George L. Haldeman the forceps; a case of encephaloid cancer is described by Dr. C. V. Moltram, etc. The society seems active, and may reasonably look forward to a useful future.

Lectures on Bright's Disease, Delivered at the Royal Infirmary, at Glasgow. By D. Campbell Black, M.D., F.R.C.S., etc. Philadelphia, Lindsay & Blakiston. 1875. pp. 146.

Dr. Black's name is favorably known from several previous works on the practice of medicine, and the present monograph may be regarded as a leading authority on its subject. It embraces six lectures on the symptoms, pathology and treatment of the disease. While not devoted to any one plan of managing the lesion, the author gives a summary of many, and appears to judge of them impartially and correctly.

THE

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A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M. D., EDITOR.

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THE "MEDICAL LAW" OF PENNSYLVANIA.

The efforts to provide some check on the irregular practice of medicine in this State, and thereby insure its citizens greater security of life and health, have not met the expectations of the framers of the Act of Assembly, of April 12th, 1875. In our remarks on that act, we spoke of it as merely tentative, one which was but a prelude to a later and more effective law.

The suits which have been brought under it have developed its inefficacy in even a stronger degree than was at first felt. Nowhere has this been shown more clearly than in an opinion of Judge Rowe, before the Grand Jury of Franklin county. His review of the act is very able. His words are:—

"This act, in its first section, declares the standard qualification of a practitioner of medicine.

"Section 2 declares that one in possession of a diploma granted to him, regularly obtained from a chartered medical school, may practice medicine.

"Section 3. That one who has a certificate from a committee of medical examiners appointed by the court, may practice medicine.

"Section 4. That any person who has attended one full course of lectures, and has been a resident practitioner of medicine in this State for five years previous to the 12th day of April, 1875, may pursue such practice.

"And the same section, that any one who has been in the continuous practice of medicine in this State for ten years, may pursue the same.

"The fifth section declares that a transient practitioner *shall, before being allowed to practice, appear* before the clerk of the court, and furnish satisfactory evidence to such clerk that *the provisions of this act have been complied with*, and pay $200, whereupon the clerk shall issue him a certificate of license.

"The sixth section declares that 'any person violating the provisions of this Act shall be deemed guilty of a misdemeanor.'

"Now, what is forbidden by this Act? Nothing. What is commanded? This only, that a transient practitioner shall appear before the clerk and get a license before opening an office.

"Sections 2, 3, and 4 permit the classes therein named to do that, namely, practice medicine, which they and every one else always could lawfully do, without giving them the exclusive right to do so, or forbidding others to do so.

"The Act cannot be violated in its first four sections, apart from its fifth section. The whole bearing of these sections is on the fifth. That section out, the law has only a legal subject and a sanction, without a legal action.

"It is, for example, as if the law were: 'Every one who has held a commission as sheriff, or has exercised the office of sheriff for three years, is qualified and authorized to buy horses; and if any one shall violate this act, he shall be guilty of a misdemeanor.'

"If it be contended that the first section forbids, by implication, any one *not qualified*, as therein stated, from practicing medicine, under penalty of fine, unless he has one or the other of the four evidences of qualifications mentioned in sections two, three and four, it certainly does not forbid to practice those whose qualifications *are up* to the standard, though they may not have either of the four evidences, and so the court and jury must inquire whether the accused has the standard qualifications. We cannot have a jury of physicians, but we

could have, of course, witnesses of the medical profession. And a common jury would sit to determine, with the aid of the court, as ignorant of medicine as themselves, whether the accused had a comprehensive and practical knowledge of human anatomy, human physiology, pathology, chemistry, *materia medica*, obstetrics, practice of medicine and surgery, and public hygiene, as well as whether he has a good moral character. This is too preposterous; and, in fact, the first section does not forbid anything. The standard of qualifications there set up is for the use and guidance of the examining committee provided for in section three.

"Then the law, apart from the fifth section, simply declares that a class of persons with diplomas, mentioned in section two, and another class with certificates (section three), and two other classes with the evidence of experience (section four), are qualified and authorized to practice medicine [which they could do before], without giving them the exclusive right to do so, or forbidding others to practice.

"What the Legislature meant to do, I suppose, in passing this law, was: *First.* To prescribe a standard of qualifications for practitioners of medicine. *Second.* To ascertain and declare what should be the conclusive, and at the same time the exclusive evidence of the possession of such qualifications. *Third.* To forbid those not so qualified from practicing.

"If this was the design, it was not accomplished, by reason of unskillful draughting, for no *exclusive* evidence of qualification was prescribed, and no obligation was imposed on those not having such evidence of qualification to abstain from practicing medicine.

"The law is inoperative except upon transient practitioners.

"If it were not so, the manner in which this law is expressed would require the Commonwealth to negative the defendant's possession of any one of the four evidences of qualification—such a proof of negatives as would make conviction in any case very difficult."

A number of prominent medical men, from all parts of the State, have, therefore, drawn up a memorial, setting forth not only Judge Rowe's opinion, but also other weak points in the Act. They state that the law does not define the duties of the medical practitioner, as distinct from those of the druggist. It does not prohibit those engaged in the drug business, who have not the requisite qualifications for the practice of medicine, *from instituting a physical examination upon persons sick or afflicted, or from making inquiry as to the symptoms of disease in persons for whose use they offer and sell drugs.* Hence it allows all druggists to practice medicine. It does not prohibit itinerant doctors and others from calling upon the sick or afflicted at their homes, or elsewhere, with the view of making propositions to cure them, money being paid in advance. Nor does it prohibit another class of itinerant pretenders from selling medicines by false representations in the streets and highways to simple-minded and credulous people.

These points they pray may be met by drawing the Act in more conclusive shape, so as to effect what its real aim was. Every regular practitioner in the State should further their efforts and give his hearty assistance.

Notes and Comments.

Centenarians in New York.

A late number of the New York *Tribune* says: The list of centenarians living in the State last June is extracted carefully from the census tables, prepared by Secretary of State Willers, but may possibly yet be subjected to revision. The total number of those 100 years old and upward is 109, a gain of 19 over the census of 1865, when there were 91 centenarians in the State. The natural increase of the population, and possibly a Centennial spirit engendered by the time, may account for this gain, which ought at least to indicate that the race is not degenerating. In an analysis of the table, it will be seen that forty of the one hundred and nine were born in Ireland, six in Canada, two in England, two in the West Indies, one each in Scotland, Spain and at sea, while thirty-five are natives of the United States, and twenty remain unrecorded, either through errors of the enumerators, or possibly because it was too long ago to remember. Twenty-nine of these venerable people live in New York city, twenty-two of these having been born in Ireland, and only two in New York city. The oldest

one mentioned is Sarah Hicks, of Brooklyn, who is 114, while a resident of the same city, Isabella Simpson, and several others, reach 110. Brooklyn, indeed, seems to be much healthier to old people than New York city. There, the oldest one mentioned reaches only the comparatively youthful term of 109. The gentler sex show the greatest degree of longevity, not only counting the very oldest on their side, but numbering twenty-seven more than the ruder and stronger sex. Mitchell Swearingen, of Franklin county, who is 101, has a wife who lacks only four years of the age necessary to secure the record of her name in the list. There are twelve colored persons and two Indians in the list.

Morphia in Acute Uræmia.

In his late work on "Diseases of the Respiratory Organs," etc., Professor Loomis states that, as the result of his experience, he holds:—

First.—That morphine can be administered hypodermically to some, if not to all, patients with acute uræmia, without endangering life.

Second.—That the almost uniform effect of morphine so administered is, first, to arrest muscular spasms by counteracting the effect of the uræmic poison on the nerve-centres; second, to establish profuse diaphoresis; third, to facilitate the action of cathartics and diuretics, especially the diuretic action of digitalis.

Thus morphine administered hypodermically becomes a powerful eliminating agent.

The rules which are to govern its administration are as yet not well defined. My own experience would teach me to give small doses at first, not to exceed ten minims. If convulsions threaten, and a small dose does not arrest the muscular spasms, it may be increased to twenty minims, and the hypodermics may be repeated as often as every two hours. It must be given in sufficient quantities to control convulsions; neither the contraction of the pupils nor the number of the respirations is a reliable guide in its administration.

Treatment of Tapeworm.

Not long since, at the Medical Society of London, Dr. Brunton read a paper "On the Rational Treatment of Common Tapeworm." After stating the varieties met with in that country, and mentioning the anomalous symptoms to which they give rise (their very anomaly, he remarked, affording a clue to the diagnosis), he stated that the chief points to be observed in the treatment were: a preliminary starvation of twenty-four hours, and the administration of a combination of kamala and male fern, namely, two drachms of kamala to be rubbed up with a little gum-and-water till an emulsion is formed, and then two drachms of oil of male fern to be added, and the whole triturated in a mortar, with a gradual addition of water, till a three-ounce mixture is formed, of which half is to be given at bed-time, and the remainder four hours later. This he had never known to fail. He insisted on the quality of the drugs being good, and spoke of the after-treatment by tonics.

Management of Premature Children.

Dr. Ahlfeld, in the *Archiv. für Gynäkologie*, Band viii, says that cases occurring in the practice of others, and in his own, have proved to him that premature infants, ordinarily regarded as non-viable, may, under favorable circumstances and assiduous care, live and thrive. He gives examples in which children born at the twenty-sixth week were preserved alive. Immediately after birth, the child must be wrapped in cotton and placed in a warm bath, so as to impart to it the heat which it is unable to produce in sufficient quantity. The baths, which should be somewhat warmer than usual, must be frequently repeated. Great importance is attached to awakening the child regularly every one or two hours in order to feed it. As long as it does not suck, milk (woman's milk is the best) must be given to it by a teaspoon. With a view to the better development of the lungs and the movement of the thoracic muscles, it should be excited to cry by slight irritation. It is dangerous to bring such children into the open air for several months after birth, as their air-passages are readily affected

Correspondence

Belladonna in Opium Poisoning.

Ed. Med. and Surg. Reporter:—

Summoned, in haste, on the evening of July 2d, 1875, to see a man in convulsions, I found, on arriving at the hotel where he was stopping, Mr. F. W., an American, about 35 years of age, a druggist, from an adjoining State.

This is the history of the case, as gathered on my way, from the man who called me:—

Suffering for a number of days from excruciating sciatica, he found an opiate the only

remedy to give even partial relief. Much on his feet during the day, the agony had compelled him to take large doses of morphine, which he thought himself entirely competent to administer.

Having taken two or three grains he had with him, toward night he sent his friend to one of our drug stores for four or five grains more, which, the parties being known, was at once obtained. This was given Mr. F. W., and the messenger passed into an adjoining room, to find him, on his return shortly after, in convulsions, and, to his horror, to learn from the empty package that its entire contents had been taken.

Immediately calling me, we reached his room within half an hour after this last dose had been taken. His convulsions were terrible. The pupils contracted to little more than a pin's point; the breathing peculiar to the last stage of opium poisoning. He was pulseless; the surface cold, and the jaws closed, as in the rigor of death.

No reasonable hope of success presented. He had eaten nothing since early morning, hence his stomach neither indicated tubes, nor could it be reached by diluents.

Active friction was at once instituted, cold applied to the head, and belladonna administered as freely as the set jaws would permit. We were able to force into the system, by absorption, a number of drachms of a strong tincture, and, after a time, to introduce some into the stomach by deglutition.

In about thirty minutes the pulse became perceptible at the wrist; the body began to grow warm, and the pupils to dilate. In an hour the convulsions ceased, and he could swallow unaided. In two hours consciousness was so far restored that he could speak, and the danger was past.

I hardly dare give the quantity of belladonna administered. It was almost incredible. The desperation of the case rendered any means justifiable, hence the result was the only thing considered. The patient fully recovered, although greatly debilitated for many days.

The preparation given was from the following formula:—

R. Ext. bel. al.,	ʒx	
Proof spirit,	Oj.	M.

Mac. 14 days, and filter.

Yours, S. B. Chase, M.D.

Osage, Iowa, Dec. 23, 1875.

A Remarkable Case of Recovery after Mortification of a Portion of the Bowel and Bladder.

Ed. Med. and Surg. Reporter:—

The following rare termination of peritoneal inflammation of the bowels came under my observation last week:—

A. D. P., aged 36; married; no offspring; when fourteen years of age came near dying of the above-named disease; but after a protracted convalescence recovered, with a small opening between the bowel and bladder, the exact point we are unable to designate, probably near the neck, so that gas passes from the bowel into the bladder, and is discharged through the penis, producing a tingling sensation at the extremity of the organ, and a peculiar noise which is audible over the room, frequently obliging him to retreat precipitantly when conversing with strangers, to avoid the inquiries which they might make as to its origin.

After having eaten berries and tomatoes, some of the seeds passed off with the urine per urethra, though there are seasons when he thinks that one-half of his urine passes per rectum. Occasionally he has observed a fecal odor in the urine passing by the urethra, though not anything larger than a tomato seed has been known to escape.

With the exception of this defect, Mr. P. is a healthy man and a hard-working New Hampshire farmer. He consulted me on account of vesical colic, which kept him from his work (he had been engaged in shipping lumber).

After learning the history of the case, I thought it advisable to pass a sound into the bladder, which was done without discovering any concretion, or other cause for the pain, and concluded that it might have been produced by lifting, in his lumber operations. He is in his usual health at this date.

If there is a similar case to this upon record, it has escaped my observations. Possibly the records of military surgery may supply some such case; though in an experience of nearly forty years in the study and practice of medicine and surgery, no such case has attracted my attention. A. T. Carr, M. D.

Goffstown, Md.

Ingrown Nails.

Ed. Med. and Surg. Reporter:—

This may seem a light affliction by those who have never experienced it, but let me assure you that there are few, if any, local disorders so annoying or painful as ingrown nails. The great toe is most frequently the seat of this trouble, although it may, and sometimes, though rarely, does take place with any of the nails of either hands or feet.

The treatment generally followed is the removal of the offending portion of the nail. I think, however, that in almost every case a more conservative plan of treatment, as well as a more radical cure, can be practiced.

I have practiced this method, and had it practiced upon myself with very unsatisfactory results. For the last six years I have not failed in the following plan: Do not remove any portion of the nail; let the patient wear a roomy boot; once or twice a week scrape the entire surface of the nail lightly, with a probe or fine knife blade pack a pledget of lint or a bit of cork under the corners of the nail, and let the entire nail, corners included, grow out clear of the toe, when it may be trimmed by cutting it

off square. A little patience and perseverance, and a radical cure may be expected.

J. A. KIMMEL, M.D.

Findley, O., January 1st, 1876.

NEWS AND MISCELLANY.

Deaths in Philadelphia During 1875.

From the records in the office of the Registrar of Births, Deaths, etc., it appears that 18,909 persons died in Philadelphia during 1875. The deaths during each month of the year were as follows: January, 1427; February, 1485; March, 1974; April, 1456; May, 1488; June, 1871; July, 1822; August, 2026; September, 1251; October, 1244; November, 1182; December, 1683; total, 18,909. Of the total number, 14,623 were natives of the United States, and 3577 foreign; 1020 were people of color; unknown, 709. 9715 of the whole number were males, and 9194 females; 5365 were boys, and 4855 girls; 8689 were adults, and 10,220 were minors.

The International Medical Congress.

The *British Medical Journal*, December 11th, contains the announcement, "The next International Medical Congress is to be held in Geneva in 1877." We beg to inform our cotemporary that it is to be held in Philadelphia, in September, 1876.

Diploma-Peddling.

The cable brings us the following:—

BERLIN, December 31st.—The North German Gazette says there is reason to believe the Government will shortly take steps to prevent the abuses arising from the sale, in Germany, of American medical diplomas, nearly all of which purport to come from Philadelphia.

Let Mr. Bancroft represent to the Imperial Government that these diplomas do not emanate from any chartered institution in or near this city.

The Health of Rome.

According to official returns published by the Registrar-General, it appears that the annual death-rate in Rome during the six weeks ending 14th November, was equal to 37 per 1000, against 23 in London. The principal feature of the recent Roman returns has been a marked increase in the fatal cases of fever, which, during the six weeks under notice, have numbered no less than 220, equal to an annual death-rate of 7·5 per 1000.

The experiment of planting the *Eucalyptus globulus* in the unhealthy Campagna, with the object of destroying the influence of the miasmatic exhalations from the ground, has been tried for several years, particularly in the locality of the monastery of St. Paul Trois Fontaines, where a priest named Gildas has had the plants under cultivation. He claims to have noticed already indications of their power to diminish malarial poison.

An Imperial Board of Health

Has been established in Germany. Its principal object will be to collect reliable statistics in sanitary matters, though there are hints that the new board will be a sort of sanitary court of appeal, to which the distinct administrative boards or provincial governments will have to refer for sanitary advice and decision, so that immediate action would have to be taken after its judgment. The name of Dr. Struck, Prince Bismarck's body physician, has been put forward as the future president of this new board, which is to be placed under the immediate control of the Chancellor. Dr. Struck was a private physician at Frankfort during Prince Bismarck's stay in that city as envoy for the old German Confederation.

Pre-Adamitic Frogs.

The *British Medical Journal* mentions the following singular find:—

At the Shieldmuir pit, near Motherwell, Airdrie, Mr. Wilson, while superintending the driving of a mine through sandstone, was surprised to find from thirty to forty live young frogs issue from the centre of a mass of the stone that had been dislodged. The level in which the frogs were found is three hundred and thirty feet under the surface, and the mass of stone was fully a hundred yards from the pit bottom. No crevice or fissure could be observed in the stone; and all who were present are positive that the frogs came from a cavity in the centre of the block. The frogs, apparently quite fresh after their imprisonment, at once made for a pool of water, in which element they were, of course, quite at home.

Siberian Practice.

Some months ago, we gave a sketch of the hard times of a frontier doctor. But a European cotemporary relates the experience of a Siberian physician, Dr. N., which surpasses our story.

In the course of ten months, Dr. N. traveled, in his professional visits, over 5000 versts (about 3385 miles); the weather being sometimes so cold that the spirits of wine froze in the thermometer. In traveling, he was obliged to carry provisions with him; for it was very often impossible to get any others. The warmest clothing is not always sufficient, and two of Dr. N.'s predecessors died of frost-bite in the lower limbs. At night, Dr. N. was obliged to rest in the *iurtas*, a kind of hut having the walls and roof covered with dung, which freezes and produces so great a lowering of temperature in the *iurta*, that the air within is as cold as that without. Dr. N. has been unable to continue his nomad life, in consequence of the

insufficiency of his pay. Besides attending to numerous patients, Dr. N. has published an excellent description of the medical topography of the country, and has described the pathogeny and symptoms of two endemic diseases.

Items.

—M. Denuce communicates to the Académie de Médecine of Paris a case in which he successfully performed external hysterotomy on a woman, whose life was endangered by excessive hemorrhage, due to old-standing irreducible inversion of the uterus.

—Germany, with a population of 42,000,000, last year graduated six hundred and sixty physicians, rejecting one hundred and eighty applicants. In the same time the United States, with a population of 40,000,000, graduated three thousand physicians, and remorselessly turned them loose upon the community.

—The tallest living man, according to the *Pabellon Medico* of November 21st, is a young man from Alcocer, twenty-six years of age, and 2.80 metres (9 feet 2¼ inches) in height, named Augustin Luengo Capilla, who, lately, has been presented to his Majesty the King of Spain.

—In the Foundling Hospital, St. Petersburg where most of the public vaccination is carried on, calf lymph has been used side by side with human lymph for the last five or six years. It is equally protective, and failures in primary operations have, by care and perseverance, been reduced as low as two per cent.

—The eminent French surgeon, lately deceased, Dr. Giraldès, was most remarkable for his erudition. He was deeply versed in the surgical literature of every country, but most especially that of England. The most minute details of the history or modes of operations, the slightest anecdotal particulars relating to the advance of surgery in Great Britain, or to those who promoted its progress, were familiar to him. In all the academies or societies of which he was a member, he rendered invaluable services by his complete and extensive knowledge of foreign surgery, and he invaribly formed part of every committtee appointed to investigate questions having a foreign connection.

Personal.

—Dr. L. C. Butler, of Essex, President of the Vermont Medical Society, purposes to make a special study of the fevers of the State, more particularly typhoid fever, and the lung diseases, especially consumption, with a view to discovering means for their prevention, as well as treatment. For this purpose he invites the coöperation of the profession of the State in replying to a circular which he will soon issue. The results of this study will be embodied in such form as to be of value and interest to the profession, and to the people generally.

OBITUARY.

DR. J. H. NAU.

At a meeting of the Hocking Valley Medical Association, of Ohio, resolutions were passed in reference to the death of Dr. J. H. Nau, as follows:—

It is our sad duty to record the decease of one of our young and active professional brothers, Dr. Jno. H. Nau, of Carroll, Ohio, who died at his residence on the evening of December 6th, 1875, at the early age of 29 years, of endocarditis-pneumonia.

Dr. Nau graduated at the Miami Medical College in the spring of 1872 and at once entered upon the practice of medicine at Carroll, and soon won the respect and confidence of the citizens, not only for his professional attainments, but for his cordial bearing as a gentleman and scholar. In September, 1872, he was married to Miss Alice Brobst, and a son was born to them, who only lived two or three months. About this time his wife's health began to fail, her disease being consumption, which caused her death in May of this year.

Dr. Nau continued in the regular performance of his professional duties up to within two weeks of his death. And during his short sickness he bore himself as a Christian man, and felt that he was destined never more to return to the labors of earth.

DR. SAMUEL BLAIR MARTIN,

Who was probably the oldest member of the medical profession in Baltimore, and surgeon of the Old Defenders' Association, died in the above city on December 13th, aged ninety-one years. Dr. Martin was born in Baltimore, and studied medicine under Dr. William Baker, and afterwards graduated at the University of Pennsylvania in 1806, and shortly after received an appointment as surgeon on the packet ship Rebecca, which was then trading between Baltimore and the East Indies. War was prevailing at the time between Germany and England. The Rebecca took on a contraband cargo at the Dutch port of Java, and was on the way to Japan, when the vessel was captured by the British man-of-war Psyche, and carried to Bombay. After the Psyche had visited several ports, the Doctor was taken prisoner to London. He was afterward discharged, and returned to Baltimore, after having been away three years. Before leaving London, however, he was tendered a full surgeon's position in the service of the East India Company, but as war was about to break out between the United States and Great Britain, he returned home, where he filled several prominent positions, including his own profession, but finally retired from active practice. Dr. Martin was the oldest member of Medical and Chirurgical Association at the time of his death.

MARRIAGES.

McGILLYCUDDY—HOYT.—At the Presbyterian Church, Ionia, Michigan, December, 19, by the Rev. J. Pierson, Dr. V. T. McGillycuddy, U.S. Black Hills Expedition, Washington, D. C., and Miss Fanny E. Hoyt, of Ionia.

DEATHS.

STROUD.—At Philadelphia, on the 30 ult., Charlotte W., wife of Dr. William D. Stroud.

THE

MEDICAL AND SURGICAL REPORTER.

No. 985.] PHILADELPHIA, JAN. 15, 1876. [Vol. XXXIV.—No. 3.

Original Department.

Communications.

DIPHTHERIA AND ITS TREATMENT.

BY W. T. CHANDLER, M.D.,
Of Campbellsville, Ky.

This frightful malady, designated by antique writers as angina maligna, angina suffocativa, ulcus egyptiacum, cynanche maligna, epidemic croup, etc., has to the profession at present, in many portions of the South and West, an interest paramount to all other diseases, growing out of the wide extent of its epidemic influence, and the frightful mortality attending it. Hence, the writer has thought it not amiss to present the profession with a succinct account of the disease, embracing some of his own experience in its clinical history and treatment. * * * *

In spite of some authorities to the contrary, I am in the habit of using a weak solution of nitrate of silver:—

℞. Argent. nit., gr.v–x
Aquæ, f.℥ij.

This solution I apply to the false membranes with a camel's hair pencil once or twice in the twenty-four hours, detaching as much false membrane as possible by gentle rotation of the brush at each application. This, together with a saturated solution of chlorate of potassa, is used as a gargle, if the child is old enough, or applied to the throat with a mop, every two or three hours, when the patient is too young to gargle.

In case of laryngeal diphtheria, the local deposit is the chief cause of alarm, and our medication must be directed especially to the removal of the laryngeal obstruction. Fortunately, this is a rare form of the disease, but a very fatal one. Out of four cases of laryngeal diphtheria seen by myself, three have proven fatal. In two cases, the false membrane was ejected; one of the cases, however, died from asthenia after the expectoration of the membrane.

Our chief object of treatment in these cases is to secure the detachment and expulsion of pseudo-membrane, and afterward avert the depressing effects of the diphtheritic poison by suitable means. The application of warm fomentations externally, together with the inhalation of steam from lime-water, may be used. The inhalation of steam has been thought of special service But the remedy that seems to have served me best was ipecacuanha in emetic doses. I have had no experience with alum, so highly recommended by Meigs in similar cases. The emetic should be repeated every three or four hours, or oftener if the impending suffocation warrant it. I am perfectly apprized of the depressing effects of even the mildest emetics, and the urgent necessity of fostering the strength of the patient; but no one who has witnessed the temporary relief they afford, in alleviating the terrible dyspnœa in these cases, will refuse to repeat them. This relief is ofttimes very manifest, even when the false membrane is not expectorated.

As to the use of blisters to the throat, authorities generally, and wisely, I think, condemn them as extremely injurious; they but add their depressing effects to those of the diphtheritic poison, while they promise no good by revulsion. If suffocation become imminent, tracheotomy should be performed, and that, too, before the patient is already comatose from carbonic acid

poison. It is true the operation does not promise any large success, but as Trousseau has put it in reference to true croup, "It is not a question as to the numbers saved, but are any lives rescued by the operation?" It is true that the majority of patients will die in spite of the operation, but it is equally true that lives have been saved by its timely performance. And though the operation is not even as promising as in true croup, on account of the systemic character of the disease, yet the physician is culpable indeed who allows his patient to die without this last chance for his life. Trousseau never did a greater thing for science than when he placed his great reputation at stake to establish this operation among the legitimate operations of surgery. Though the patients die, they say it affords great relief to their sufferings; and it would be justifiable though performed but as an act of euthanasia.

I was not enabled to perform the operation in either of the four cases already referred to, on account of the unreasonable objections on the part of their parents, though I urgently set before them the importance of this last chance for life.

In cases of nasal diphtheria, I injected a saturated solution of chlorate of potassa into the posterior nares, with a catarrhal syringe, several times during the day. Epistaxis is sometimes a troublesome complication of these cases, but generally yields readily to Monsel's solution.

But as diphtheria is a constitutional disease in which the throat symptoms form quite a small part of the danger to life, that class of medication which is directed to the systemic poison *per se* is, of all medication, the most important. When we remember that the mortality from this disease is due to blood-poison, and that the mode of death is by asthenia, the one only rational treatment suggests itself.

Whether the adynamic condition in these cases is due to the absorption of septic matter from the throat, or rather the poison that originally gave rise to the exudation in the throat, and is sufficient to account for the profound blood-poison that manifests itself, or tends to manifest itself, in all true cases of diphtheria, is immaterial. The profound nervous prostration that follows calls for the same class of treatment. Hence, at the very onset, before the supervention of alarming symptoms, the system should be fortified by tonics, stimulants, and nutritious food, all of which should be increased with the augmenting demands of the case. Of the individual remedies to be employed, we find no remedies in our pharmacopœia so well calculated to fill the indications as quinine and the muriated tincture of iron. These remedies have stood the test of experience, and come to the profession to-day guarded by the dicta of the highest authorities in the land, and consecrated by the test of chemical experience. Quinine is one of the greatest of antizymotics; its influence over microscopic fungi and germinal cells, together with its antipyretic properties, are too well known to need discussion. Quinine, according to Sidney Ringer, is taken into and circulated with the blood unchanged, and excreted by the kidneys in the same unchanged form. As in diphtheria and similar diseases, a poisonous principle undoubtedly circulates in the blood, undergoes zymotic changes, and, finally maturing, is excreted. Hence it is easy to explain the influence of quinine (from its known properties) in aborting the cumulative changes in the blood of the diphtheritic poison. In addition to this, quinine is a nerve tonic, exalting the tone of the nervous system, and counteracting the depression of the diphtheritic poison on the nerve centres. The muriated tincture of iron has long held a very high place in the treatment of diphtheria, and, when properly diluted, forms, in addition to its tonic properties, a very elegant throat-wash. Some writers have thought its action due to the internal disinfecting properties of the sulphuric acid; be that as it may, it is certainly a powerful remedy in diphtheria.

There are a variety of other remedies that have been thought to possess something of a specific action in treatment of diphtheria, such as the sulphites of soda, magnesia, etc. These remedies are given both internally and applied locally. Prof. Jackson has advocated the internal administration of the permanganate of potassa. It has also been used as a local application.

Of late, the attention of the profession has been called to the use of the new disinfectant, salicylic acid, in the treatment of diphtheria. It is used internally, in doses of from one to four grains. It is also used locally as a gargle:—

R.	Salicylic acid,	4 parts
	Alcohol,	1 "
	Water,	12 "

But there are no specifics in the treatment of

this disease: the great desideratum is to sustain the vital forces until the disease shall have exhausted itself, hence the necessity for stimulants, brandy, wine, etc., freely administered, and in quantities commensurable with the demands of the case. Prof. Enos gave one-half ounce of brandy hourly to a patient thirteen years of age, with advantage. Equal, if not of superior importance to medication is alimentation; the tissue waste must be met by an adequate supply of nutritious food. Those articles that are the most easily digested and yield the largest percentage of tissue-building elements should be selected—such food as is most easily assimilated, and with the least expenditure of vital force, such as milk, raw eggs, and the extract of beef. They should be given freely and without stint.

The very idea of starving diphtheria is but driving another nail into the patient's coffin. It is to be hoped that the time will soon come when the starving of patients with diphtheria will be looked upon and reverted to in medical annals as a matter of past history and exploded superstition.

Purgatives may be occasionally demanded in diphtheria, but they should only be given to relieve constipation and keep the bowels moderately soluble; for this purpose, castor oil or the aromatic syrup of rhubarb may be given, and repeated as the exigencies of the case may demand.

As to the use of calomel and the so-called liver medicines, so much advocated by some practitioners, I have but little to say; they are, in my opinion, to say the least, useless.

There are a great many opinions in medicine that rest their claims to validity upon years of unchallenged misuse; and, after years of undisputed cholagogue properties, we find Hughes Bennett and the Edinburgh committee, after an impartial investigation upon animals, returning, to the surprise of the profession, the startling intelligence that calomel does not increase the flow of bile, and that "purgation from any cause lessens the amount of bile and the proportion of its solid constituents;" since which time functional derangements of the liver have lost much of their former importance, and it is to be hoped that the day is not far distant when the liver shall be allowed to perform its modest little function in the animal economy in peace, unmolested by the insinuating slanders of an over-prejudiced profession.

The total suppression of urine is a very unfavorable complication in diphtheria, and, unless early relieved, will lead to uræmic poison, convulsions, coma and death; in this condition, diuretics may be given, but they will generally fail to relieve the patient.

If the heart's action is feeble and frequent, digitalis, by regulating the action of the heart, probably promises as much success as anything, by increasing the pressure of blood in the glomeruli of the kidneys.

In cases of partial suppression of urine, digitalis and the acetate of potassa will sometimes afford marked relief.

As regards the paralytic sequelæ, all authorities are agreed as to their temporary nature. Should their duration, however, become prolonged, strychnia, local faradization and passive motion may be employed, to hasten the resumption of nerve action.

HEMATURIC MALARIAL FEVER.

BY W. B. TACKET, M. D.,

Of Cuthbert, Ga.

This disease being now the great scourge and dread of malarious regions, and as everything that throws even the faintest ray of light on the subject is read with the keenest relish, I am induced to report my last two cases. Drs. Johnson and Bruce have lately written exhaustive and valuable articles on the disease; both having had a fine field for investigation, and being eminent men in the profession, they have given all the history and pathology of the disease necessary to enlighten the uninformed, and to their articles such are referred; my object being merely to report treatment as above stated.

Mr. S. A. G., aged thirty years, having had chills and fever all his life, was taken October 20th with a chill, coming on about night, and immediately began to pass large quantities of bloody urine, the skin and conjunctiva becoming a perfect saffron color in an incredibly short time. It was daylight on the 21st when I reached him, being twelve miles distant. I found him, also, vomiting bile incessantly, with frequent and copious dark discharges from the bowels. I immediately put him on ten-grain doses of iodide potassa and ten drops spirits turpentine every four hours. I hoped to relieve the harassing nausea by a blister over the epigastrium.

But in this I signally failed, notwithstanding two ounces of fresh blistering cerate were spread upon a cloth six by eight inches, and allowed to remain on for twenty-four hours. I was anxious for the blister, having no "fears of danger from an aggravation of the urinary trouble." I found, however, that an occasional dose of sulph. morphia and ice had a partial effect in calming the stomach. But it is vain to attempt a compromise with this rebellious organ until the graver symptoms of the disease have passed. I also gave him a three-grain pill of sulph. quinine every three or four hours, as the stomach would bear it. And here I must, with becoming modesty, differ with Dr. Bruce on the administration of this invaluable drug. If the disease is of a malarious origin, as all admit and its name implies, and quinine the only reliable antiperiodic in the known world, and one of the infallibles in the elimination of malarial poison from the system, to say nothing of its tonic effect and as a supporting measure, then why not give it? Because, he says, it makes the patient apparently worse. But how many articles of the materia medica make sick people apparently worse, when we know that it is only apparent, and do not withhold them on that account. The surgeon's knife is not to be spared because of the pain it inflicts.

On the third day of the attack he threw up enormous quantities of matter of an indigo-blue color. I then suspended, for the day, the iodide potassa, and substituted small doses of calomel in its place, floated upon water, hoping to change the character of the vomited matter, and which had the effect of bringing it back to a yellow, healthy-looking bile. The calomel was not given in sufficient doses to defibrinize the blood any more than was being done already; for this red urine is the débris of the red corpuscles of the blood, broken down and disintegrated, and not the coloring matter—the elements of blood before it is formed as such, as was once, by some, supposed. After this the patient was put back upon the former treatment, with milk punch, squirrel soup, egg-nog, etc., as his stomach would bear them. In three or four days the blood entirely ceased to appear, giving place to a perfectly black urine, which became a little lighter-colored day by day, until it resumed a healthy amber color, the febrile symptoms abating in the same ratio, and his appetite slowly returning. To make his convalescence more certain, and prevent a recurrence of the disease, he was put upon the following:—

℞. Quiniæ sulph., ℥ij
Acid. arseniosi, grs.iij
Strychniæ sulph., grs.ij
Ferri sulph. exsic., ℥j. M.

Fiat in pil. no. lx.

Sig.—One pill three times a day.

The other case was treated precisely, or as near as could be, like the first, both being young men, and nearly in the same condition. They both made a good recovery, and much more rapidly than any cases I ever treated before. Of course, two cases do not constitute a sufficient test in any given plan of treatment in any disease; but when a certain course is followed, and a signal success had, the mind is strongly prejudiced in its favor, and great encouragement is given to pursue the same course in similar cases, should they occur again.

In the treatment of this disease failure to cure has been almost, if not quite, the rule in all the severest cases. Dr. Bruce attaches all importance to nitric acid, and seems almost solely to depend upon it, and it may be powerful for good, for aught I know; but there can be no doubt of the foregoing plan of treatment, if two typical cases can be regarded as a criterion. I hope other members of the profession who live in malarious regions, where abundant opportunities will likely present themselves, will try the remedy, and report success or failure.

HYPERTROPHY OF THE SCROTUM AND PREPUCE—EXCISION—RECOVERY.

BY J. W. MEARS, M. D.,
Of Monterey, Mexico.

A Mexican, named Lopez, aged 39 years, presented himself to be examined and treated, and the case presented the following appearance: The penis and scrotum enlarged to an enormous extent, the former of which, in its general appearance, resembled an elephant's trunk, about fourteen inches long, four of which were the prepuce, its circumference being nearly in proportion to its length. The scrotum was immensely large, and its surface, together with that of the penis, was very irregular, full of lumps, white pustules and small openings, the whole surface having somewhat the appearance of a sieve.

There was no opening, externally, communicating with the mucous membrane of the pre-

puce, which stood almost at right angles with the main body of the penis, and which resembled very much the coronal gland, so much so as to be mistaken for that part. From the patient's account, it has been four years since he was able to pass his water through the urethra, or even at all, without undressing himself and straining for some time, the water escaping in drops from different parts of the penis and scrotum. More or less matter was constantly being discharged, the tissues being much indurated as far up as the crest of the pubis, and the hypertrophied condition of the parts rendered the patient almost incapable of walking across the room, in consequence of which it was advisable to remove the diseased parts by excision.

Dr. J. B. Mears commenced the operation by making a longitudinal incision the whole length of the dorsum penis, and nearly as high up as the crest of the pubis; the skin and cellular tissue were then removed, exposing the membranes covering the spongiosum and cavernosum penis. The testicles were then exposed in a like manner, the raphé of which was almost cartilaginous. In dissecting off the parts, we discovered a number of little sacs containing pus. As mentioned before, the external opening of the prepuce was entirely obliterated, and infiltration of urine had taken place very extensively; considerable hemorrhage took place, but no ligatures were necessary. The patient, being completely under the influence of chloroform, appeared to suffer very little during the operation. The raw surface was bound up in a dry linen cloth, and an anodyne administered. He slept very well for two or three hours, and then water was made with perfect ease. The patient continued to do well with cold-water dressings, until a month since, when the parts enlarged very fast. The surface was painted or penciled with tinct. iodine, and constitutional treatment commenced, with variations of iodide of potassium; he was greatly relieved, all enlargement having subsided, and is now nearly well.

The history of this case is very obscure. According to his account, which was by no means a clear one, about five years ago he had some shooting pains about the parts, and soon afterward discovered that one side of the scrotum was enlarged, but not sufficiently to attract much attention; this, however, in the course of time, became so troublesome that he had to give up sexual intercourse. Notwithstanding all this time he had been under active treatment by other surgeons of this city, his condition became worse until the operation. My opinion is, that the hypertrophied condition of the parts was brought about by the prepuce being completely closed, and infiltration of urine taking place, a continued course of irritation was kept up, producing the condition I have endeavored to describe. The patient now confesses that he passes his water with greater ease than he has for several years past; and from the circumstance of the glans being proportionally smaller than the other parts of the organ, it may have been a case of congenital phimosis. The case is now well, yet the parts will always be more or less indurated and enlarged from the cicatrization.

Hospital Reports.

PHILADELPHIA HOSPITAL.

SERVICE OF DR. JOHN H. BRINTON—SURGICAL CLINIC, DECEMBER 1, 1875.

REPORTED BY ALFRED WHELEN, M. D.

In commencing his clinic, Dr. Brinton exhibited two cases of corroding *venereal ulcers;* these occurred in girls from the venereal ward. In the first case the ulcer was situated on the buttock, in the other the sore was at the posterior commissure of the vulva. Both of these lesions were secondary, and had existed for several weeks. Cauterization by nitric acid had been already employed, and by this means the spreading of the sores had been checked. The resulting surfaces, however, were unhealthy; the granulations were pale and flabby, and evinced but little tendency to heal.

It was in just such a case, the lecturer stated, that iodoform could be used with good effect. It often happens that a sore which has been cauterized, and especially a secondary ulcer, will granulate to a certain extent, and will then remain in statu quo; the process of granulation comes to a halt, or may even indeed recede, and further decided stimulation is necessary. In the cases exhibited to the class, Dr. Brinton again applied the nitric acid, having first carefully cleansed the foul secretions from the ragged surfaces. The application of the fuming nitric acid was at first extremely severe; but the pain was almost instantaneously checked by the application to the cauterized surface of a solution of two grains of carbolic acid to the ounce of lime-water. This preparation had been suggested by Dr. Nickerson, one of the house residents, and had been employed by him on many occasions with almost a marvelous effect. The subsequent dressing directed in these cases was an ointment of iodoform, twenty grains to

the ounce, to be increased gradually in strength, until the powdered iodoform alone should be used.

The next case brought before the class was one of *syphilitic onychia*, of six weeks' standing. This occurred in a woman, aged 25 years, and appeared five months after the primary infection. Syphilitic onychia, the lecturer remarked, was a comparatively rare affection, and was more frequently met with upon the finger nails, than upon those of the toes. The trouble is secondary in its character, and occurs synchronously with eruptions upon the skin, mucous patches, and condylomata. It commences by an inflammation of the matrix of the nail, and by an opacity and discoloration of the nail itself, which becomes rigid, distorted, and easily broken. Ulceration often takes place beneath the nail, accompanied by a discharge of ichorous pus, and by the growth of fungous granulations. Occasionally the inflammation may attack the whole end of the finger, and involve the last phalanx in caries or necrosis.

In the patient before the class, the progress of the affection had been checked by the mercurial treatment. New nails were forming on each of the three fingers involved, and the old nails were being gradually exfoliated. This process of reparation was very beautifully illustrated, and the woman was in a fair way of recovery. The treatment alluded to was directed to be continued, the patient to be carefully watched, and the drug to be discontinued on the first appearance of tenderness of the gums.

Urethral Stricture.

C. J., a man aged 35, contracted gonorrhœa five years ago, followed by a continuous gleet. Difficulty of urination was experienced about two years since, which had gradually become more and more aggravated up to this time.

Now, all of the well-marked symptoms of stricture were present: difficulty in urination, a forked, dribbling stream, with almost entire loss of propulsive power. The patient was obliged to pass his water very frequently, or rather attempt to pass it, for the amount voided at any one time was exceedingly small. The efforts at urination were repeated eighteen or twenty times in the course of a day, and ten or twelve times during the night. On examination by an ordinary steel sound, a firm stricture was found six inches from the meatus, which obstinately refused to permit the instrument to pass it.

The lecturer remarked that patients with stricture usually present themselves to the surgeon under one of two conditions: In the first place, a man may experience a moderate degree of trouble in urination, while being able to relieve his bladder to a sufficient degree by attempts more or less prolonged. He desires to be cured, to be set right, and seeks professional advice. In another patient, the condition may be an urgent one; the trouble may have progressed to a very decided extent, and, as in the man upon the table, urination may have become most painful and imperfect, giving rise, in fact, to a greater or less degree of retention.

These different conditions, Dr. Brinton stated, should be carefully borne in mind, since in each case a different examination and treatment might be indicated. In the first instance, the surgeon may, if he like, explore the urethra by a sound or catheter of some size, say number seven or eight, or nine of the English scale. In the latter case, when retention of the urine exists, and when the immediate object of the surgeon is to relieve the patient and empty his bladder, large instruments should not be used at first. Upon this point the lecturer laid great stress, stating that the pressure of an instrument—for example, a number eight—against a firm stricture with a narrow opening oftentimes would so jam or disarrange the opening through the stricture, as almost to render the passage of a filiform instrument impossible, at all events, until after the patient had passed some urine, which, perhaps, at the time, he might be unable to do. In order to attain the full value and effect of a filiform or guiding bougie, it should be employed at the beginning of a manipulation, and its use should not be preceded by the insertion of any other instrument. The truth of this assertion, the lecturer stated, could readily be verified upon any case of stricture.

In the case of the patient upon the table, where the bladder had not for some time been fully relieved, Dr. Brinton proceeded to insert one of the finest whalebone filiform bougies. This instrument, which was made by himself, with a draw plane and penknife, was very much more delicate than any of the filiform bougies for sale in the shops. The lecturer then passed the whalebone rapidly down the urethra until it came in contact with the stricture. In a minute or so, after gentle rotation, it passed through the stricture and entered the bladder. Over it a tunnelled Genley's catheter of the smallest size was carried, until the stricture was reached. At this point, the lecturer counseled the class to avoid endeavoring to penetrate the stricture by simply pushing or sliding the metallic catheter along the whalebone guide. This course, he stated, would not unfrequently fail, besides being rough, and apt to cause bleeding from the mucous membrane. Sometimes, too, the whalebone might be damaged and cut by the edge of the metal instrument. The manœuvre he advised was simply to withdraw the whalebone for half an inch, and then grasping both instruments, whalebone and catheter, to slide them in together, and to repeat this little manœuvre until the bladder should be reached.

Exemplifying his remarks by his practice, the catheter in a few seconds was carried into the bladder, and the urine drawn off. The metallic catheter was then removed and a series of flexible instruments, commencing with number one of the English scale, were rapidly and successively inserted, coming up to number nine of

the English scale, equivalent to number fifteen of the French metrical series. The subsequent treatment, the lecturer stated, would consist in the introduction of flexible instruments for alternate days, the patient being taught to introduce the catheter himself.

Dr. Brinton closed his lecture with some remarks upon the relative value of flexible, and metallic instruments in the treatment of stricture. In its place each variety of instrument is valuable, but not to the exclusion of the other. In general terms it might be stated that the function of the flexible catheter or bougie is to render the passage through a tortuous stricture straight. This having been accomplished, the canal having once been made straight, its dilatation up to the proper calibre could be most conveniently carried on by means of the metallic instrument. The choice of instruments, metallic and flexible, and the best method of using each, would form the subject-matter of a clinical lecture hereafter.

UNIVERSITY HOSPITAL.

SERVICE OF PROFESSOR LOUIS A. DUHRING.

REPORTED BY ARTHUR VAN HARLINGEN, M. D.

Eczema Rubrum of the Thigh—Diffused Psoriasis in a Child—Eczema Rubrum of the Ears.

The first patient is a boy about twelve years of age, of somewhat strumous appearance, but well nourished, and said to enjoy good health. The present skin affection made its appearance some six months ago, and has persisted ever since, being at times worse and then again better. There is no history of previous disease of the skin. The affection is situated on the posterior surface of the left thigh, in the form of two roundish patches the size of the palm. One of these is midway between the hip and the knee, the other is in the popliteal space. About the thigh, close to the perineum, two coin-sized, roundish, indistinct, squamous patches are to be seen. A small, somewhat faintly defined irregular patch of disease may also be observed in the right popliteal space. This latter is somewhat reddish, only slightly infiltrated, and is entirely squamous in character. The two principal patches are considerably infiltrated, red, and present a fluid exudation, yellowish in color, and of viscid consistency, which has been poured out in sufficient quantity to ooze through the stocking.

It was to this last feature that Dr. Duhring first called attention. Oozing or exudation of fluid from a patch of disease like this occurring in so young a subject would alone point strongly to the existence of eczema. Hence this fact is important in a diagnostic point of view. The history of the disease, as related by the boy's mother, shows that moisture or weeping has been a frequent accompaniment to the affection. The statement is confirmed by the presence of crusts of dried serum which are to be seen everywhere over the surface of the patches. Itching has been a prominent symptom from the first, we are told by the patient, and that it continues to be such we may easily perceive from the abundance of scratch marks and the thickened condition of the skin.

The history and symptoms then point unmistakably to eczema as the affection present, and the variety is that known as eczema rubrum or madidans, terms convenient to denote the state in which the eruption is found. For the present local treatment alone is to be recommended, for the disease being entirely local this will in all probability prove sufficient. The following ointment may be ordered :—

℞. Hydrarg. chlor. mitis., ℥ss
Ung. simplicis benz., ℥j.

The patches are to be washed twice daily with castile soap and water, dried, and the ointment rubbed thoroughly in. In a couple of weeks or so the patches will probably be ready for a weak tar ointment, say a drachm of tar to the ounce of lard.

The second patient is a slender, pale girl, some nine years of age, showing an eruption pretty generally diffused over the head and limbs, and to a less extent over the body. The scalp is most extensively affected, being nearly covered with patches of scales coalescing along the borders of the hair, particularly over the forehead. Elsewhere the eruption consists of numerous pin-head to pea or coin-sized patches of red infiltrated skin, the borders of which are very distinctly defined, and which are covered with a thin layer of fine white epidermic scales. On the elbows and knees the patches are thicker than elsewhere, and are covered with thick epidermic deposit. The little patient's health is fair, though she is not very well nourished, and suffers from cold hands and feet. None of the family have ever suffered from a similar disease. The affection first showed itself two years ago, and it has persisted ever since, sometimes being better, at other times worse. Occasionally it smarts and itches considerably. It is always worse in winter.

This patient, Dr. Duhring said, was unusually young to be the victim of psoriasis, for this disease seldom attacks the individual who is to suffer from it before the tenth year, and frequently not until much later in life. The treatment should, in this case, be a tonic one. The child is thin, poorly nourished, pale, and almost anæmic. Iron is here indicated, rather than any remedy directed more specifically against the disease, since such a case should be treated upon the general principles of medicine. The aim should be to further improve the patient's health by generous diet, etc. Wine of iron, containing a liberal amount of the ferruginous constituent, should be given for a period extending over several months. The local treatment should be mild and not too stimulating. Warm baths should be employed

several times a week, the scales being removed at such times by the use of castile soap. After their removal the following ointment may be employed:—

℞. Acid, carbolic, grs.x
Unguent. adipis, ℥j. M.

The third case is that of an old woman, somewhat feeble, but in fair health, who has been subject to attacks of eczema, at intervals, for several years. The present attack, she states, dates back several months, and the disease has, in the last week or so, been getting very rapidly worse. The eruption occupies both ears, attacking both the inside and outside of the auricles; it extends on either side, slightly over the region of the scalp, and at the back of the neck a few scattered points of disease can be observed. The ears are hard, stiff, swollen and red, and covered with yellowish crusts, composed of serous discharge and of blood. Back of the ears the discharge is quite copious and mats the hair together. Fissures are here and there noticeable, especially back of the ears. The disease is attended with much itching.

Bearing in mind the character of the disease, Dr. Duhring remarked—namely, the distortion of the ears, the swelling, stiffness, oozing of serous fluid mixed with blood, the yellowish and bloody crusts, the fissures and the violent itching, which is a constant symptom—no difficulty can present itself in the diagnosis. Late syphilitic deposits occasionally show themselves about the ears (very rarely symmetrically, however), as in the case before the class last week.* The history of the disease in syphilis, the appearance of the lesions, the presence of a thick patch of deposit, the ordinary occurrence of ulcers, the absence of itching and all true inflammatory symptoms will always be sufficient to render the diagnosis easy.

The treatment to be followed is the same as that employed in acute eczema, for, although some months old, it is still running an acute course. The patient shall be ordered the following:—

℞. Lotion nigræ, f.℥viij.

Sig.—Sop on the affected parts, and allow to dry.

Then apply the following ointment:—

℞. Unguent. zinci oxyd. benz., ℥j.

This is to be smeared gently over the surface. These applications are to be made several times in the twenty-four hours. In the course of a week or so, a weak tar ointment may be substituted. Tonics, nourishing diet, etc., shall be recommended. The prognosis should be cautious, as cases of this kind are apt to be tedious.

* Dr. Duhring here alluded to the case of syphilitic ulceration about the ear published in REPORTER of December 4th, 1875.

MEDICAL SOCIETIES.

NEW YORK PATHOLOGICAL SOCIETY.

Stated meeting, December 8th, 1875, Dr. Delafield, President, in the chair.

Rupture of Heart.

Dr. R. E. Van Giesen, of Greenpoint, presented a specimen of rupture of the left ventricle of the heart. The history of the case was interesting from the fact of its showing a premonitory stage, and was as follows:—

A man, aged sixty-five years, had been suffering from severe grief for the loss of a near friend; on the 23d of November he was seized with a sudden vertigo. Two days later he had an attack of nausea and vomiting, accompanied with pain in his chest, when he was seen by Dr. Van Giesen. He had never been sick previous to this attack. He felt comfortable during the evening of the day on which he was seen by the doctor, and continued so until one o'clock the next morning; at that time, whilst urinating, he sprang from his bed and dropped dead.

Autopsy.—This was made thirty-three hours after death. The pericardium was half filled with fluid blood. The right ventricle of the heart was very thin, and a rupture about an inch in length existed at a point near the septum. The heart seemed to be fatty from a superficial examination, and was referred to the microscopical committee for report. The liver was fatty, and extended to the border of the third rib.

The President, in answer to Dr. Van Giesen's question, as to what was the cause of the preliminary trouble, said that cases occur in which the rupture is gradual and oblique. In cases of such a class, premonitory symptoms exist, but in the case presented there were no evidences of such a condition.

Dr. Van Giesen said that while he was a surgeon in the navy he witnessed the death, from rupture of the heart, of a gunner named Ripley, who, in asking for a chew of tobacco, reached out his hand and dropped dead. At the autopsy, the rupture was found to have occurred on the anterior surface of the ventricle; its wall was as thin as tissue paper. The pericardium was filled with coagulated blood, a perfect cast of it and the heart having thus been formed.

Dyspnœa from the Dropping of a Molar Tooth into the Trachea.

Dr. Van Giesen presented another specimen, viz., a molar tooth with a history as follows: A patient, who was recovering from typhoid fever, had been suddenly seized with dyspnœa. When the doctor arrived the man was recovering from the attack. On examination of the lungs and larynx, no sign or cause which would give rise to such a symptom could be found. The patient had recovered by the next morning, but the dyspnœa returned about an hour after the doctor's visit. Dr. Van Giesen thought that a

crumb of bread might have accidentally fallen into the trachea, but the patient's friends said that he had eaten no bread for some time. In the course of the day, while coughing violently, he expectorated a molar tooth. It was supposed that the tooth had been very loose, and had fallen through the chink of the glottis while the patient was asleep.

Diphtheria of Larynx and Trachea.

Dr. Andrew H. Smith presented the larynx and part of the trachea which he had taken from a patient who had died of diphtheritic inflammation of those parts.

The patient, a physician of this city, aged thirty-three, was attacked with diphtheria. During the first three or four days of the malady the symptoms were not very severe and no treatment was pursued; however, the disease soon reached the larynx, and at the end of ten days he suffered greatly from dyspnœa. He urgently requested that tracheotomy be performed, which was done. This relieved the dyspnœa. A few hours later he sank and died of exhaustion. The diphtheritic membrane had extended into the trachea, and it was suspected that the bronchi were involved. This, however, could not be demonstrated, as the autopsy had only been partial; *i. e.*, the larynx and upper part of the trachea having alone been obtained.

Dr. Beverly Robinson asked what had been the experience of the members of the society regarding the swelling of the cervical glands in toxic diphtheria. He said that the authorities were divided on this subject, some considering it as a very unfavorable symptom, while others regarded it as quite the reverse.

Dr. Van Giesen said that in his experience, which had been large, he had seen the largest number of fatal cases occurring in patients who had no swelling of the neck. Dr. Sanford was of the same opinion as Dr. Van Giesen, and said that the subject had been brought before the King's County Medical Society and specially considered, the conclusions being that when swelling of the neck occurred the prognosis was deemed more favorable than in those cases in which this did not take place. Dr. A. L. Loomis coincided with Dr. Van Giesen's opinion.

Obliteration of Frontal Sinus.

Dr. Smith presented another specimen, showing a total obliteration of the frontal sinus.

Fibro-cellular Tumor of the Thigh—Scirrhus of the Breast.

Dr. Sell presented a specimen of tumor of the thigh, with a history as follows: A lady aged fifty-seven years, single, fourteen years ago noticed a small tumor, pedunculated, about the size of a pea, and situated on the outer side of her thigh; it increased steadily in size, and ten years ago had become as large as a hen's egg. Five years ago its size was that of a closed fist. Its growth had been more rapid for the past year. It was removed by operation, and weighed three pounds; three days before it showed signs of sloughing. The President said that the growth belonged to that variety of tumors described as fibro-cellular tumor of the thigh by Paget.

Dr. Sell presented a second specimen, which was a small portion of the right mammary gland that he had removed from a woman aged fifty; she had married at the age of forty-five, and had borne a child at forty-six. Twelve years ago she noticed a tumefaction of her breast, and retraction of the nipple, the axillary glands having become involved only recently. The tumor was, on examination, found to be a scirrhus.

Death from Ether—Chronic Ulceration of the Endocardium.

Dr. Finnell presented the larynx of a patient who died at the Homœopathic Hospital while he was undergoing an operation for the removal of necrosed bone from the superior maxilla. The larynx was œdematous. The patient was the subject of necrosis of the superior maxilla, and an operation was deemed advisable. Ether was administered, and an incision made through the lip, extending in a semicircular direction over the superior maxilla. At this stage of the operation, the patient became cyanotic, and soon died. The patient was immediately held up by his heels, with a view of clearing the trachea of blood, as it was suspected of being the cause of the difficulty, but this measure proved of no avail. The time which elapsed between the commencement of the administration of the ether and the death of the patient was ten minutes. Two and a quarter ounces of ether was the amount used, and was the purified ether manufactured by Dr. Squibb.

Autopsy.—No blood could be discovered in the trachea. The heart weighed six ounces, and was fatty. No other lesions were found anywhere. A strong odor of ether emanated from the brain.

Dr. Finnell presented another specimen, viz., a heart which showed chronic endocarditis and rupture of the aortic valves. A policeman, aged thirty-eight, was taken sick with fever, three weeks before his death. He complained of having chills, which were followed by fever. No other symptoms could be detected beyond that.

Autopsy.—Chronic endocarditis and atheroma, accompanied by rupture of one of the aortic valves, were the lesions visible about the heart. There were evidences of an old pleurisy on the left side of the chest. The intestinal tract showed no lesions which were found in typhoid fever. The death certificate had been signed "typhoid fever" for a want of a better diagnosis, and the opinion of the society was asked by Dr. Finnell as to its being justifiable under the circumstances.

Dr. Loomis said that he thought the fever was not typhoid in character, but remittent; and was of the opinion that the diagnosis of typhoid fever could not be sustained unless enteric lesions were found.

The President said that many cases of fevers are now seen in practice, which run for two or three weeks, but are not typhoid.

Dr. Heitzman said that typhoid fever may be present without intestinal lesion, and gave instances of cases which had been reported in Europe.

The President was of the same opinion as Dr. Heitzman regarding the cases mentioned, but he thought that a diagnosis of typhoid fever without intestinal lesions was unsafe.

Dr. Loomis said that the eruption and diarrhœa were the symptoms that must be relied upon in the diagnosis of typhoid fever. After an illness of five or six days, the temperature in typhoid and remittent fevers did not vary; in both, tympanites and diarrhœa may be present, and when the remittent assumed the typhoid type it became very difficult to distinguish between them. The eruption is not common to both, and upon that basis must the diagnosis rest.

Dr. Van Giesen said that Dr. Loomis' remarks would lead them to suppose that typhoid fever could not exist without the presence of the eruption and diarrhœa. He had found many cases where neither the eruption nor the diarrhœa was detected. The thermometer, in his opinion, was of great use in determining the nature of the disease. Malarial fever, he thought, seemed to complicate typhoid fever, for during its progress he had found the temperature to reach 107°, and then become lower without any untoward result, *e.g.*, intestinal perforation. This complication, he thought, had existed in about twenty of his cases.

Dr. A. H. Smith said that during the war he had seen a group that was distinctly typho-malarial.

Scirrhus of the Breast.

Dr. Finnell presented a scirrhus tumor of the breast, which he had removed. A married woman, aged 30, eight months ago noticed that her breast was painful, this being accompanied by an enlargement of the axillary glands. The nipple was not retracted, but the breast was very painful. Only slight hemorrhage occurred during the operation, and the wound subsequently healed. The whole gland was diseased.

Dr. Finnell wished to know the best method of treating patients who were the subjects of cancerous disease of the breast, as he had three cases now under his own observation, and could not decide as to the advisability of operating.

Dr. Sell said that the statistics were favorable to the operation.

Dr. A. H. Smith said that if the disease were local, an operation would be beneficial; but that if the system was infected with the disease, the operation would only be doubtful in its results.

Glandular Formation in the Stomach.

The President presented a specimen of transverse section of the parietes of the stomach, exhibiting a glandular formation, which was either congenital or new. It was situated between the mucous and muscular layers. The patient, a man, had died of chronic Bright's disease. There was a large amount of thickening of the coats of the stomach, and the glandular elements could be detected by the naked eye in the section presented. It could be regarded only as a pathological curiosity, there being only two or three cases of the kind on record.

Editorial Department.

Periscope.

The Form of Alcohol to be Used Medicinally.

The above question is discussed in the American *Journal of Pharmacy*, by M. A. W. Miller. He says:—

Raw corn whisky or high wine, such as is used for the manufacture of alcohol, is undoubtedly strictly pure, as there is no incentive whatever to its adulteration. Nevertheless, many vile epithets, such as Jersey lightning, rot-gut, etc., are heaped upon this, simply because it is lacking in smoothness, oiliness and body; so that it meets with little favor among those who are sufficiently familiar with it to recognize at once its want of age.

In the asthenic forms of many diseases, it is of prime and often even of vital importance to administer alcohol. Nothing as yet known so well substitutes the functions of food, and thus bridges over the chasm of greatest prostration, during which the system would otherwise inevitably succumb.

While we cannot and dare not dispense altogether with a drug of such inestimable value, what is there to be gained by running the unnecessary risk of inculcating a taste for the truly fragrant bouquets of choice French brandy, or the almost equally precious old Kentucky Bourbon? We can well afford to dispense with this meretricious and alluring *haut goût* of liquors, which, even in their purest state, are but too apt to win boon companions, ready and willing to follow their enticing solicitations.

The economic aspect is another strong point

in favor of the introduction of plain rectified spirit into use as an officinal medicine. Why should the poor day laborer, suffering, perhaps, from typhoid fever, or, it may be, pulmonary phthisis, be compelled to devote his entire compensation for two or three days of hard toil to the purchase of a bottle of pure imported brandy, when the value of an equal amount of pure spirit, from which he will derive quite as much benefit, can be earned by him in as many hours?

We may sum up as follows: Rectified spirit is almost always strictly pure, while the more expensive liquors invariably contain fusil oils, and very frequently other impurities. The current market price of rectified spirit at present is from $1.25 to $1.50 per gallon, that of fancy flavored liquors ranging from $2.50 to $12. While the taste and odor of rectified spirit is not so tempting as that of the choice cabinet liquors, it is entirely free from the disgusting smell and flavor of the ordinary diluted alcohol.

Sulphuric Acid in Diseased Joints.

At Guy's Hospital London, says the London *Medical Times and Gazette*, the treatment of diseased joints by sulphuric acid is likely to be fully tried. Mr. Cooper Forster has resorted to it in one or two cases, and some weeks ago we had the opportunity of seeing the method applied by Mr. Durham.

Three patients were thus treated on this occasion, all of whom were suffering from advanced pulpy degeneration of the synovial membrane of a joint, and in one case a condyle of the femur was also necrosed, and a small piece of bone was removed from the joint with forceps. Four joints in the three patients were operated upon; in one patient the ankle-joint, in one the knee, and in one the knee and the wrist-joints were the seats of disease. The mode of operating was simply to make one or more incisions into the joint, let out any flaky or puriform fluid which might be present, and then to stuff strips of lint soaked in a mixture of one part of the sulphuric acid of the shops with two of water, into it. The parts were then covered with carded oakum and a bandage, and the limb was fixed on a splint. No great amount of pain can be produced by the application, for one of the patients seemed quite comfortable and without any sign whatever of suffering, when we saw her again, about half an hour after recovering consciousness from chloroform.

Through the courtesy of Mr. Howse we saw, at the same visit, several cases of excision of the knee-joint which had been operated upon by him. Mr. Howse operates in the usual way, but his method of immediate after-treatment is somewhat different in some of its details to that which is generally followed elsewhere. After the operation is finished, and before the patient leaves the operating-table, the limb is set in a modified McIntyre splint, such as has been before described in these columns as in use at other institutions; then the spaces between the sides of the splint and the limb are filled with cotton-wool soaked in melted wax; next a roller soaked in the same material is applied around the limb and splint above and below the wounded parts. The wound itself is treated strictly on Lister's plan, except that sixteen thicknesses of gauze instead of eight are used, but no oil-silk or mackintosh. Another point is that one-third of the mattress is removed from the footboard end of the bed, and the cradle for swinging rests immediately upon the corded webbing of the bedstead. This much facilitates the dressing of the wound, and does away with the inconvenience of draw-sheets, while the other limb rests quietly upon a pillow raised to the same level as the mattress itself.

By adhering to this method, Mr. Howse has had excellent results with respect to limb as well as to life. The mortality indeed has been very small, for out of twenty-seven cases he has lost but two—one patient died of pyæmia, whilst ulceration and sloughing were going on about the leg not operated upon, and after firm union had taken place between the bones at the seat of the excised joint; whilst the other died of tubercular meningitis, and had tubercle deposited in several of the abdominal viscera.

The Communication of Tubercle in Food.

The Edinburgh *Medical Journal* states that Professor Gerlach, of Berlin, details an elaborate experimental research on the question, whether tubercular matter, or the flesh of tubercular animals, can communicate or excite tubercular disease if taken as food? The method employed by Gerlach was to introduce into the stomach of the animal one or two doses of tubercular matter. The effects, if any, were observed; and if the animal did not die from these, it was killed some weeks or months after the administration of the substance, and a post-mortem examination was made. Great is the importance of the inquiry, not only from a hygienic point of view, but also as relating to the etiology of tubercle, and its transmissibility in the human race. The conclusions arrived at by Professor Gerlach may be summarized as follows:—

1. There is a specific virulent material in tubercle, and many of the symptoms of tubercular disease are due to the absorption of this virus.

2. This virus exists in tubercle in all its stages, but apparently in greater intensity in cheesy masses. It is found in recently formed tubercle, and in miliary tubercle.

3. The infection begins first in the mucous membrane of the mouth, and if the tubercular matter be in contact a sufficient length of time with the mucous membrane of the alimentary canal, it may communicate the disease to the whole lymphatic system.

4. While tubercular disease has special characters in different animals, all tubercular matter, when introduced into the alimentary

canal from one species to another, is more or less virulent.

5. The tubercular matter of birds, especially that of the common hen, is very virulent, and is identical in its action with that of mammalia.

6. The fibrous tubercle of horses, without a trace of cheesy formation, is just as infectious as the miliary tubercle of cattle.

7. The flesh of tubercular animals is also infectious, though in a much less degree than tubercle itself.

8. Tubercular material cooked for a quarter to half an hour is still infectious, though in a much less degree than that not cooked.

9. The effects of poisoning by tubercular matter taken into the alimentary canal are irritation of the mucous membrane both of the alimentary and respiratory tracts, enlargement and tenderness of the lymphatic glands, enlargement of the bronchial glands, and the formation of tubercle in the lungs and other organs.

The "Breathing Cure" in Diabetes.

The American traveler, John Catlin, shortly before his death, wrote a little book with the emphatic title, "Shut Your Mouth!" He insisted that many diseases were encouraged by breathing through the mouth instead of the nose. The following case, given in the *Lancet*, by Dr. Charteris, is in point:—

While treating two cases of diabetes in my wards in the Royal Infirmary, I became acquainted with the details of the following case, from the personal narration of the patient:—

A. B., aged fifty-two, in an excellent business position in the city, in 1869 became aware of his having diabetes, and his usual medical attendant ordered him a diet consisting of beef and milk, and dry toast. At that time he voided daily about 250 ounces of urine, with a specific gravity of 1044. He continued under that treatment for about a year and a half. The specific gravity of the urine under this treatment was 1020, but though low it was still loaded with sugar whenever it was tested. His weight had decreased to 11 stone, and he was becoming despondent and extremely feeble, when he made, as he terms it, his discovery about diabetes. He found that he commenced to wheeze when he breathed the cold air, and that it ceased on his return to a warm room. On putting his head below the bedclothes a slight perspiration came upon him, the saliva returned, and his tongue and mouth became moist, instead of dry, as formerly. When he withdrew his head again, and breathed in the open air, his mouth and tongue again became dry and parched. This moistness and dryness of the mouth alternately occurring under the conditions mentioned having arrested his attention, the question arose in his mind, how could this moisture be obtained without remaining in bed? To accomplish this he put on a respirator, and also a knitted woolen cloth over both the respirator and his nostrils when in the house, or even in bed, and was careful in protecting the nostrils as well when he went out. He also began to practice breathing through the nostrils alone, and found that breathing exclusively in this manner, day and night, except when engaged in conversation, was highly beneficial. Having perfected himself in respiring by the nostrils alone, he laid aside both the respirator and the cloth, only muffling himself carefully up when he went out at night or in frosty weather. He avoided going out at night as much as possible, and refrained from all cold diet or drink, invariably taking them warm. Under this treatment an amendment was apparent in less than fourteen days, and in less than a month it was very marked. The quantity of urine and sugar steadily decreased, while his weight increased, so that in six months he had regained his usual weight of 13½ stone. The sugar at the same time disappeared from his urine, and he acquired his usual health and spirits. He has continued in this favorable condition for the last two years, and in addition to the milk (heated) which still forms his staple article of diet, he is able to take some toasted bread and potatoes, and in addition a glass or two of wine at dinner. In fact, he lives like any other temperate man, and, being a very intelligent person, he has formed his theory in regard to the treatment, as already mentioned. Briefly expressed in his own words, it is this:—"Hitherto the attempt has been made to prevent production of sugar by giving a non-saccharine diet. This is no doubt perfectly correct, but in addition to this the treatment I adopted was intended to promote the consumption of sugar produced. This design of consuming sugar by breathing through the nostrils in warm weather or by means of a respirator, is, that when the proper quantity of sugar has been consumed, the abnormal production will then cease. The aim of this treatment is to raise the blood-heat to its proper temperature, and to restore to the lungs their partially lost combustive power, and so enable them to consume as much secreted sugar as will maintain the blood at its proper temperature. When that purpose is accomplished the organs will regain their proper function, and the patient recover."

The Diagnosis of Secondary Heart Affections.

In an article in the *Lancet*, Dr. J. M. Fothergill says:—

In forming a diagnosis of secondary affections of the heart, and determining that the heart symptoms are really consequential to some prior and causal disturbance of the circulation, there are several points deserving of special notice.

1. The attacks of dyspnœa, palpitation, or sensation of heart stoppage are not induced by effort, but come on independently of any exertion. They not uncommonly come on during great quiet, and even when lying in bed. Not rarely they permit of active exertion, which does not tax the heart in this class of cases; whilst in primary affections of the heart effort always—or almost always, to be very safe—re-

veals the existing adynamy. A little active movement will render the evidence of true heart failure more pronounced, as I remember well in an old man who used to take a sharp turn round the house to illustrate how exercise made his heart palpitate; while in pure cases of secondary heart affection exertion does not induce the attacks.

2. The pulse is not that of cardiac debility; even when the pulse is very irregular there is a force about it which resists compression, quite different from the irregular compressible pulse of cardiac dilatation. There is indeed the sustained pulse of high blood-pressure in the midst of the irregularity, or intermittency. Not rarely, if the arteries are atheromatous, the irregularity is found along with a full sthenic and powerful pulse—a combination, once well noted, ever afterwards recognizable, though not described by words. It is a matter of no slight moment to become familiar with the pulse of these conditions. The feeling of the pulse here is not a mere formal matter, but a measure which often gives valuable indications and directs the line of investigation to be pursued.

3. The first sound of the heart is good usually—loud, clear, and of fair intensity. It preserves its muscular sound, and is not simply valvular, and does not approach the second sound in character. When there is much hypertrophy, the first sound is loud and long. Not uncommonly there is some reduplication of the first sound from delay in the contraction of one of the ventricles. On examination of the heart, it is found acting well and not giving evidences of lack of power. The rhythm may be disturbed; but there are not evidences of heart failure accompanying the disturbed rhythm.

4. The second sound of the heart is accentuated. This is a most important diagnostic point. In primary disease or debility of the heart, this symptom is never found; in the forms of heart trouble which are the consequences of some prior disturbance of the circulation, causing a rise of blood-pressure in the arteries, this objective symptom is never wanting. The accentuation of the second sound will, of course, be more or less intense, according to the rise in the blood pressure. It may be found at both the pulmonary and aortic valves. It is most distinct, however, at the aortic valve; and heard most loudly at the second right costo-sternal articulation. The semi-lunar valves are closed by the recoil of the elastic arteries; if then the tension in the arteries is increased, these valves will be closed with unwonted force, and their closure produces an accentuation of the normal sound. Such accentuation is ever found in the pulmonary valves when the mitral valve is diseased; here it is the measure of the engorgement of the pulmonic circulation. When heard at the aortic orifice this accentuation may be associated with aortic aneurism, with general paralysis of the insane, or with the general rise of blood pressure in lithiasis. It is easy to separate these conditions. The Germans attach great importance to this objective symptom, as might be supposed from their general high estimate of signs whose existence and explanation are clear and rational. If the second sound is produced by the recoil of the elastic arteries, when the blood pressure is abnormally high this sound will be unusually loud.

Hot Water in Uterine Inflammation.

In the report on Gynecology, to the New Hampshire Medical Society, Dr. W. W. Wilkins says:—

If the hand be immersed in hot water, and retained there a few minutes, it looks redder than usual, and swollen; but if we retain the hand in the warm bath for ten or fifteen minutes, its appearance is entirely changed, it looks paler than usual, and the skin is shriveled. The blood is driven out of the vessels, and we have in this way accomplished for the hand what the surgeon attains by the elastic stocking for the leg. To apply this in the treatment of uterine inflammation, certain conditions are necessary. First, a requisite degree of heat. Cold water will act as an astringent to the dilated vessels, but its effect is soon lost; and by the reaction that follows, the congestion is increased rather than diminished. By the hot water the vessels are first dilated, and subsequently thrown into a state of rigid contraction. To accomplish this depleting effect on the uterine vessels, the water should be warmed to 98° or 100° Farenheit, or as warm as can be tolerated without pain; second, it should fill the vagina, and act on all parts of its surface. As the syringe is ordinarily used, but a small portion of the mucous membrane is subjected to the action of the injection. In the sitting posture the body is cramped up by the flexed limbs and bent spine, and the chances are that the pipe of the syringe will rest on the walls of the vagina, and that little or none of the injection will reach the womb. But even if it did, its running immediately away would still prevent its having that continuous action which is essential in getting benefit from its use. Consequently, the patient cannot use the syringe herself: some competent nurse must do it. The patient should be placed on her back, with her hips raised; for in this position the warm water will come in contact with every part of the vaginal mucous membrane, exerting its influence directly on that segment of the womb which is received into the vagina, and through these parts on the entire pelvic circulation; third, it should be continued for a sufficient length of time. The use of warm water for a few moments would only tend to increase the congestion, and very probably enhance all the disagreeable symptoms arising from it; but continued for some time, ten or fifteen minutes, the water being injected slowly, the blood vessels, by contracting, will have expelled the blood, and the parts will be blanched. After the use of the hot-water injection, the patient should have absolute rest. A favorable time for using it is just before retiring at night. The injection will soothe the nervous system,

and predispose the patient to rest, while the quiet of a good night's rest prolongs the beneficial effect of the injection.

Patients not unfrequently complain of the debilitating effects of the hot-water injection; but this feeling of weariness soon passes away, and after the first few days they cease to complain of it. The beneficial effect of the hot water may be prolonged by the use of an astringent injection once or twice a day. Tannin and chlorate of potash are as useful here in allaying congestion as when used in catarrhal inflammation of the mouth and pharynx. An ounce of chlorate of potash, with half an ounce of tannin, dissolved in a quart of water, forms a convenient solution, of which a cupful, with an equal quantity of warm water, can be used for one injection.

Reviews and Book Notices.

BOOK NOTICES.

Transactions of the Michigan State Medical Society for 1875. Lansing, 1875.

The first twenty pages of this volume are taken up with the minutes of the meeting and the President's address, by Dr. Kedzie. The latter is upon ozone, and, though carefully compiled, leaves the subject pretty much where he found it, he seeming to have formed no opinion as to the relation of ozone to health, which is the question at issue. Dr. Peter Stewart gives a singular case of a boy with a third testicle, which simulated hernia so strongly that herniotomy was performed. Dr. J. P. Stoddard calls attention to the value of permanganate of potash as a dressing to fetid wounds. A number of cases of cataract are reported by Dr. Eugene Smith, of Detroit. These articles and the biographical notices, etc., make up a volume which speaks well for the profession.

Transactions of the Twenty-fifth Meeting of the Illinois State Medical Society. Chicago, 1875. 1 vol., cloth, 8vo, pp. 288.

In this neatly printed volume appear, in full detail, the minutes of the meeting, and the reports of the various committees appointed to examine the progress of different branches of medical science. Thus, we have reports on scarlatina, insanity, hernias, obstetrics, phthisis, small-pox, whooping cough, shortening in fractures, gynecological instruments, the anatomy of serous membranes, the institutions for the deaf, dumb, and feeble-minded, etc. In the first mentioned of these reports, Dr. J. P. Walker details a "new plan" for the treatment of scarlatina, to wit, by iodide of potash, which, he says, "appears to possess the most remarkable powers over the whole course and sequelæ" of the disease. In 250 cases, not one proved fatal. To a child of five years of age he gives half a teaspoonful every two hours of the following prescription:—

℞.	Potass. iodid,	ʒi
	Syrup. scillæ,	℥ij
	Tinct. verat. virid.,	gtt.iij. M.

until the temperature decreases, when the dose is to be lessened gradually. Rubbing with bacon, fat pork to the throat, and a gargle of salt, vinegar and honey, complete the treatment. Dr. Charles W. Earle recommends quinine in whooping cough. Most of the articles in the volume are of a practical character, and it will be found a valuable contribution to the medical literature of the year.

NOTES ON CURRENT MEDICAL LITERATURE.

——Among our weekly newspaper exchanges which are always welcome are "The Evangelist," "The Independent," of New York; "The Presbyterian," of Philadelphia; "Presbyterian Banner," of Pittsburg, Pa.; "The Methodist," and "Christian Advocate," of New York; and "Zion's Herald," of Boston. Of the secular papers deserving especial notice are "The Germantown Telegraph, an unrivaled family paper; "The Cincinnati Gazette;" "The Weekly State Gazette," Trenton, N. J.; and the "Vermont Journal," which, although having changed its name, still retains its high character as a family newspaper.

——We have read "From Jest to Earnest," by Edward P. Roe, with more interest and pleasure than are usually derived from works of the same kind. It is much less sensational than his "Barriers Burnt Away," and the moral tone of the book is excellent.

While we hope there are few young ladies who would attempt such a heartless jest as the heroine of this book, we must congratulate Mr. Roe on the successful triumph of the influence of true religion in the character of his young missionary.

The book is published by Dodd & Mead, of New York.

THE

Medical & Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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THE MATHEMATICAL LEANINGS OF PHYSIOLOGY.

In the preface to his Physiology, Dr. Dalton comments on the growing use of mathematics in chemistry, physiology, and the allied sciences. As an illustration of this, we may quote the fact that during the late Medical Congress of Brussels, M. Marey gave a conference for the purpose of exhibiting the various mechanical contrivances with which he gives mathematical precision to physiological research.

M. Marey observed that, until within a recent period, every investigator built up a physiology of his own, arbitrarily assigning certain functions to individual organs. Now, however, modern physiologists chiefly rely upon the aid afforded by exact methods and accurate apparatus borrowed from physics and mechanics.

The audience were much struck and interested by the experiments brought before them, illustrating chronography, viz., the measurement of motion through time and space. The apparatus is self-registering. Then came ingeniously constructed myographs, pneumographs, and cardiographs. An instrument by which the rapidity of the circulation of the blood can be accurately determined was subsequently shown, as well as one intended to register temperatures.

As to the ear, an important aid has just been proposed by Dr. Weber Liel. This physician showed, at the Congress of Gräz, a very cleverly contrived ear microscope, which, with the ordinary sunlight, not only shows the membrana tympani enlarged fifteen diameters, but the normal and pathological movements of its different sections. These latter phenomena are made manifest by connecting the membrane with an india-rubber tube and a box, in which organ-pipes have been adapted. The sounds of the latter will indicate the force of the movements. Advantage is also taken of the reflected light afforded by starch dropped on the membrane.

The study of statistics has been greatly enlarged in recent years, by a closer application to their discussion of the mathematical theory of probabilities and the methods of the higher calculus.

Why the reduction of all physical observations to mathematical expression is necessary in order to elevate any study to the rank of a science, is perhaps worth more particular explanation.

The knowledge we derive through the senses is, as Helmholtz has amply shown, utterly deceptive and distorted. The objects, for instance, which we see with our eyes, are, as he expresses it, mere conventional symbols of such objects; no more like what they really are, to use his strong simile, than the *word* "horse" is like the *animal* horse. Now, science aims to translate this knowledge of the senses, deceptive and fluctuating, into knowledge of the reason, which alone is fixed and real. The reason, however, does not deal with phenomena at all, but only with types, abstract forms and laws, which prescribe the conditions of the phenomena. Such

types, etc., display their relations through *quantity*, with which mathematical reasoning occupies itself. Science, which is the knowledge of system, can only attain its aim when all the facts it observes are reducible to expression in formulæ which indicate the law of the facts. Hence the tendency above noted.

ARSENICAL POISONING.

The subtle and dangerous forms in which the poison of arsenic presents itself to its victims, require especial watchfulness on the part of the physician. Sometimes an obscure and inexplicable case is found to be diseased by some unthought-of exposure to arsenical vapors.

Take, for instance, wall-paper. That green paper often derives its hue from Paris green, is familiar even to non-professional persons. But, as Professor Cameron remarks, in the *Medical Press and Circular*, other shades and colors are now derived from arsenical pigments. He narrates the case of a family, all of whom manifested symptoms traceable to arsenical poisoning. The Professor examined the paper hangings. Out of seven kinds of paper, six were found to contain arsenic. No. 1, an olive-green paper, with deep green flowers and gold-like lines, contained an immense amount of arsenic in the two green colors and the gold. No. 2, a faint lavender-watered paper, contained arsenic in large amount. No. 3, a white paper with gray flowers, contained a very large amount of arsenic. No. 4, a paper with red and green flowers on a gray ground, was highly arsenical. No. 5, a dark olive-colored paper, with gilding, did not contain much arsenic. No. 6, a pale green and white paper, also contained only a small amount of arsenic, much less than was put on the lavender paper. The family had not suffered from the symptoms of arsenical poisoning until shortly after the house was papered with the above, and the symptoms disappeared shortly after they left the house, preparatory to the removal of the paper.

The manner in which this poison acts on the system has lately received some additional light. Dr. H. Fleck has shown, in a series of interesting and important experiments, that there is arseniuretted hydrogen in the air of rooms the walls or the carpets of which are colored with Schweinfurth green. The dust of arsenic mechanically diffused in the air is therefore not the only cause of chronic arsenical poisoning. We must add the arseniuretted hydrogen gas evolved from the decomposition of the free arsenious acid existing in the green. The experiments of Fleck prove that this gas is liberated under the joint action of organic matter and moist air, and its presence is, therefore, possible wherever free arsenious acid comes in contact with organic matter.

Quite recently it has been learned that a substance is used in artificial port wine (which includes 99 per cent. of that stuff sold in this country) which is, in some cases, dangerous, especially when partaken of by the feeble, delicate and convalescent. It is an artificial coloring, which, Shuttleworth says, consists of a mixture of azalin and magenta red. The aniline colors, objectionable in themselves, are the more dangerous, because they not unfrequently contain arsenic. The adulteration is detected by shaking the suspected wine (and all cheap wines are to be suspected) with an equal volume of amylic alcohol (fusil oil). If the wine is genuine port, the amylic alcohol remains colorless; but if adulterated, it dissolves out the coloring matter, and itself appears of a purple-red color.

Of the forms in which the action of this poison may manifest itself, a baffling one is arsenical paralysis.

Dr. Scolosaboff, of Moscow, has had the opportunity of observing two cases of this rather rare disease. The paralysis affected the extremities exclusively, and was more marked at the part furthest from the heart. The cases were marked by (1) alterations of all kinds of sensibility; (2) extreme muscular atrophy, with loss or diminution of electro-muscular contrac-

tility, both faradic and galvanic; (3) alteration of the circulation and nutrition in the extremities, as proved by decrease of temperature, œdema, change of color, etc.

It has been remarked that gangrene of the extremities has been seen in similar cases to those recorded by our Russian *confrère*. Arsenical paralysis resembles in some respects that caused by lead, while in others it is not unlike poisoning by ergot.

Notes and Comments.

Infusion of Matico in Uterine Hemorrhage.

Dr. W. Draper, of York, writes to the British *Medical Journal*:—Some years ago, when, as resident obstetric officer to the Middlesex Hospital, I had ample opportunity for testing the relative value of different forms of intra-uterine injections, I gave infusion of matico a fair trial; but, after due observation of its action in several cases of *post-partum* hemorrhage, of which cases, unfortunately, I have no record beyond that which my memory retains, I could not consider it, or, indeed, any other injection which I tried, so prompt and decided in action as the solution of perchloride of iron, used after Dr. Barnes' method. In other forms of uterine hemorrhage, I found strong infusion of matico a valuable hemostatic.

On Nævi.

Dr. John Duncan read a paper on these disfigurements before the Edinburgh Medico-Chirurgical Society. He stated that two-thirds, or fewer, increased at the second dentition, and at puberty more diminished, either by the *vis medicatrix naturæ*, or by the efforts of the surgeon. In the former case, the port-wine stain was left, and likely to remain. Those left now become deforming to the patient, or they might ulcerate or bleed. There was little alarming in the two last-mentioned results. In the former, a cure generally resulted; and, in the latter, any hemorrhage could easily be controlled. In those causing deformity, the two classes of stationary and spreading could be recognized. In the former, puncture with a needle dipped in nitric acid was the best plan. Pressure might be applied, but it did little good. Painting the nævus with collodion was one means of doing so. In the spreading nævi, the remedies could be divided into those avoiding, and those leaving a scar. The first should be used in prominent situations; the second in places that were covered. Dr. Duncan then considered the various methods, showing where any special method was contra-indicated. The best coagulating fluids were perchloride of iron and carbolic acid. They should, however, never be used unless the part treated could be isolated. It was difficult so to regulate the dose as to avoid sloughing, and yet not do too little.

Ulcerated Nipples.

M. Legroux (*Annales de Gynécologie*, Nov., 1875) advises the following treatment: Spread with a camel-hair brush a layer of elastic collodion around the nipple, in a radius of an inch or more; a piece of gold-beater's skin should then be placed over the nipple and collodion, taking care to make a few holes with a pin over the part of the gold beater's skin which covers the nipple, so as to allow the milk to ooze through. No collodion should be spread on the nipple itself, as some pain might thereby be occasioned. By the rapid evaporation of the ether the collodion dries up, and the gold-beater's skin adheres. The nipple is then more or less pressed down by the latter, which in drying becomes tense. When the child is to be nursed, the end of the nipple should be wetted with a little water. The gold-beater's skin which covers it becomes soft and supple, allows the nipple to swell, and protects the ulcers and fissures from the strain of suction. The mother or wet-nurse thus suffers no pain, and the ulcers heal in a few days.

Skin-Grafting on Stumps.

At a Surgical Society in London, lately, Mr. Berkeley Hill exhibited a female, twenty-nine years old, from whom he had amputated the left thigh at the hip, on August 12th, 1874, to remove a very large rapidly growing tumor of round-celled sarcoma. The new growth completely imbedded the femoral artery, so that the anterior flap was dissected from it; and, thus deprived of its nutrient vessels, it sloughed as high as two inches above Poupart's ligament. The after-healing occupied several months, during which time more than one hundred skin-grafts were transplanted. The strain on the healing surface, caused by the weight of the

buttock, was at length effectually supported by a frame bearing round the pelvis, which thrust forward the buttock by a spring and pad. This was worn till cicatrization was complete. The patient was exhibited, fifteen months after the operation, in excellent health; no recurrence of the sarcoma being apparent in the lumbar glands of liver; and the scar was small, soft, and supple, and easily movable over the pubes and iliac spines, the islands of skin-grafting being very distinct. The acetabulum, dry and free from scabs, was filled up to a cavity about as large as half a walnut shell.

Tying the Carotid for Facial Neuralgia.

At the last meeting of the German Society of Physicians and Naturalists, Dr. Patruban read a paper on this operation, in which he offered no theory as to the mode in which it acts, but grounded his defence of the operative measure on the results obtained. He proposes to operate in this manner when all other means have failed, and the patient insists upon relief at any cost. He himself had tied the carotid artery under these circumstances thirteen times, and had never noticed any of the symptoms mentioned as often occurring, such as cerebral congestion, vertigo, double vision, squinting, etc. The idea of the operator had been gained by the relief obtained in some cases by simple pressure of the carotid. The author added that no accidents need be feared if the operation is well done.

The Early Recognition of Scarlatina.

All acknowledge the importance of recognizing this disease early. For this purpose the throat symptoms are most important. The sore-throat of scarlet fever is very different from other forms of sore-throat, and it is one of the earliest available symptoms, being noticeable from the first day of the attack, The appearance is that of an erythematous redness, affecting the soft palate extensively, thus differing materially from the ordinary forms of tonsillitis, which affect the tonsils only in the first instance. As Trousseau says, whose description of scarlatina is worthy of serious study, "In scarlatina, from the first day of the attack, the vail of the palate has a red hue, analogous to, but deeper than, that of the skin." When this condition of the throat is met with during an epidemic of scarlatina, with a very hot skin and a very quick pulse, accompanied with or preceded by vomiting, with a tongue with thick creamy fur, red borders, and prominent papillæ, the shrewd practitioner will be prepared for a case of scarlet fever.

Correspondence.

On "Tuckahoe."

Ed. Med. and Surg. Reporter:—

In vol. xxxiii, No. 25, dated December 18th, 1875, among "Notes and Comments," you publish an article on "Tuckabo." Permit me to make corrections, and give further particulars. The peculiar "fungus" alluded to by Dr Miller (lycoperdon solidum) is an old acquaintance. "*Tuckahoe*" is the Indian name for it. Sometimes called "Indian Bread," "Indian Loaf," and "Deer Bread." Exteriorly, it has the rough physical appearance of a Guinea yam, and contains starch, cellulose, tannin, water, and perhaps some other extractive. It is found in all the Southern States, from Virginia to the Gulf coast, generally during the planting season, growing in rich alluvial soil below the surface. No vestiges of this "fungus," as an outgrowth, can be found, at any season, above the ground. It presents as true evidence of a spontaneous growth, from organic relations of the soil, as anything known that is found under the surface of the earth. It has long been used by the Indians, and by many inhabitants of the South, as a medicine, usually grated and boiled with fresh milk, like arrowroot, as a remedy for cholera infantum, diarrhœa and dysentery. Deer are very fond of it; it is alleged that they can scent it in the soil, and dig for it with their hoofs, for food; hence the name of "Deer Bread."

George W. Lawrence, M.D.
Resident Physician, Hot Springs, Ark.

Prof. Lister's Antiseptic Method.

Ed. Med. and Surg. Reporter:—

In a recent editorial, you called our attention to the antiseptic treatment of wounds as practiced by Prof. Lister. To this Dr. R. J. Levis replied in a manner calculated to mislead many of your readers, who ought to become acquainted with the views and practice of the distinguished Scotch surgeon.

In the month of July, 1870, I visited the Royal Infirmary in Edinburgh, and became acquainted with Professor Lister and his assistants. I saw him make several important operations under what he called "carbolized spray." An apparatus not unlike a Mattison's syringe was used by an assistant, throwing the spray upon the part. In this manner he attempted to exclude the atmosphere from the wound during the time of the operation. He did not claim that the spray thus applied excluded the atmosphere entirely, nor that it could

be used with equal advantage in all cases. He simply used it as the best means his experience had suggested for the purpose.

His style of dressing is simple, though evidently more expensive than the ordinary dressing, on account of the quantity of carbolized oiled silk used. He had two kinds of this material manufactured for his special use, a coarser and a finer article. Usually he applied both of them around the bandages, including the entire foot, knee, hand or arm, and sealing the edges upon the sound integument with adhesive straps. After the lapse of one, two or three days, he would pass the nozzle of an ordinary syringe under the straps and throw upon the wound a lotion of carbolic acid, while the bandages were removed and others were applied.

We cannot agree, therefore, with Dr. Levis in stating that "his general plan of dressing allows more atmospheric contact than any of the ordinary methods of covering wounds," or that "the antiseptic gauze used by him allows free permeation of air."

If suppuration, redness, swelling and pain, without any mention of pyemia and erysipelas, can be prevented in any measure by such means, American surgeons should not be the last to adopt the new method.

Carlisle, Pa. R. L. Sibbet, M. D.

News and Miscellany.

The Emperor of Brazil's Grandchild.

Some time ago we mentioned that Professor Depaul, of Paris, had been called to Rio Janeiro to attend the Imperial Princess, the Countess d'Eu, in her confinement. After nine years of sterile married life, the Countess, the daughter of the Emperor of the Brazils, became pregnant after consulting Dr. Depaul in Paris, and following the treatment he recommended; but the child which was born was born dead. She became again pregnant, and this time the Emperor solicited Depaul to come out himself, and conduct the delivery. On his arrival at Rio Janeiro he met with a most frigid reception from almost every one except the immediate attendants of the Princess. The newspapers were against him, and the native physicians gave him the cold shoulder. On the day of the accouchement he found himself at the bedside of the Princess alone and without assistance. After a thirteen hours' labor, which had to be ended with the forceps, a baby weighing twelve pounds was at last brought into the world; but for an hour it was doubted whether it would survive, and it was only after artificial respiration and other measures had been vigorously tried that it gave signs of life. However, it is now a healthy child. The most curious and amusing feature about Dr. Depaul's visit was the revulsion of public opinion in his favor when the successful result of his visit became known. The papers praised him, his *confrères* congratulated him, and the academies and scientific bodies sent him crowns and addresses; he was invited to banquets, and was *fêted* in a wonderful way. "After the event," says Depaul, "my room was never empty from morning till night, and I was obliged, in spite of a determination to the contrary, to give consultations. In less than eight days, 15,000 francs' worth of piastres were laid on my table as fees." Professor Depaul has certainly good reason to be satisfied with his trip across the ocean.

Orthopædic Hospital.

The annual meeting of the contributors to this hospital was held a week or two ago. Mr. Alfred Jones, on behalf of the board of managers, presented the eighth annual report, from which we gather the following statistics:—

Seven hundred and fifty-three new and distinct cases were treated for deformity and nervous diseases at the daily service for out-door patients, of whom 598 were residents of this city; 112 cases were admitted to the wards of the hospital, of whom 49 were of Philadelphia; 5381 applications of electricity were applied by the physician of the hospital.

Hard on Physicians.

The new Austrian law enacts that medical men, midwives, and apothecaries are liable to a fine of one hundred florins or less for refusing or delaying their assistance in urgent cases. Petitions, signed by medical societies, are pouring into the houses, complaining of this clause. It is evident that the application of it would be fraught with great difficulty, as it is not easy to define what an urgent case is. Besides, such a clause is an attack upon individual liberty.

Personal.

—We record with real regret the death of the eminent surgeon and philanthropist, William Acton, F. R. C. S. He has long been known as a writer on the diseases of the urinary and generative organs, on prostitution, and on allied subjects. His "Practical Treatise on Diseases of the Urinary and Generative Organs in Both Sexes (Non-specific Diseases and Syphilis)" has reached a fourth edition, and his work on "The Functions and Disorders of the Reproductive Organs in Childhood, Youth, Adult Age, and Advanced Life," a sixth edition. He also published works, or pamphlets, on "Prostitution, Considered in its Moral, Social and Sanitary Aspects, in London and other Large Cities and Garrison Towns, with Proposals for the Control and Prevention of its Attendant Evils;" and on the Contagious Diseases Acts. And he has supplied numerous papers to the societies and the medical journals on similar subjects—on "Illegitimacy," on "Unmarried Wet-Nurses," and the like topics. His death occurred December 7th, at the age of 62, from fatty degeneration of the heart.

—Dr. Samuel G. Howe, of Boston, founder of the Institution for the Blind, died January 9, of tumor at the base of the brain, aged 74 years.

—Dr. Wm. Boeck, an eminent physician, died at Christiana, Norway, on the 10th of December. He was well known both in Europe and the United States, having made a tour of this country in 1870, and advocated the idea of curing certain virulent diseases, other than small-pox, by vaccination.

—Dr. Gerlich has been appointed German Vice Consul at New York, vice Herr Feigel, who has been appointed consul at Havana.

The State Hospital for Women and Infants.

The report of this excellent institution, for 1875, gives a gratifying representation of its continued advancement. Of its obstacles to progress, the report remarks, one is to be found in the fear indulged by some that the way of the transgressor is made easy by the opportunities of such an asylum. On the contrary, the patient is expected and required to pay for the advantages offered, according to her means, and, if destitute, under circumstances which seem to excuse the fact, she is bound by contract to reimburse the institution from her subsequent earnings. The male offender is also, if known, dealt with according to circumstances, with a view to compel marriage or support.

Items.

—The Governor of New York, in his late annual message, protests against the policy of building "palaces" for the insane. Three asylums and a reformatory, on the Hudson river, at Buffalo and Middletown, and at Elmira, have already cost $3,000,000, and how much more they will cost is a matter of conjecture. The Governor asks a thorough inquiry into the administration of the State prisons, which is said to be unsatisfactory.

—In the Paris Faculty of Medicine, as the final issue of the prolonged and often renewed deliberations, the Faculty has chosen Prof. Vulpian as Dean, and Professors Sappey and Broca as his assessors.

QUERIES AND REPLIES.

Basham's Mixture.

MR. EDITOR:—Will you oblige one of your oldest subscribers, by publishing, in your next number of the REPORTER, Basham's mixture (tinct. ferri chloridi and liquor ammoniæ acet.), and the mode in which it is used in Bright's disease? A. Z.

Reply.—In Dr. Basham's work "On Dropsy, third edition, p. 218, he gives directions for this mixture as follows:—"A few drops of the tinct. ferri chlor., according to the age of the patient, are added to a drachm of liq. ammon. acetat., previously acidulated by acetic acid." Five to ten minims of the tincture to be given in this manner, three times a day. He adds, "small doses are better than large."

MARRIAGES.

BROWN—RUDMAN.—In this city, December 15th, at the residence of the bride's mother, by the Rev. A. A. Ricket, Alexander Brown, M. D., and Bertha J. C. Rudman, youngest daughter of the late William C. Rudman.

DREW—WILLIAMS.—In North Troy, December 29th, by Rev. A. J. Chandler, Dr. A. E. Drew and Jennie V. Williams.

EBAUGH—MCCLEMENT.—At Calvary Baptist Church, Fifth street, below Carpenter, by the pastor, Rev. J. H. Parks, December 28th, W. C. Ebaugh, M. D., and Miss Abbie McClement, all of this city.

FEGELY—DAVIS.—On the 16th ult., by the Rev. J. Alpha Mullin, Dr. M. B. Fegeley and Miss Sallie A., daughter of N. C. Davis, Esq., all of this city.

GERSTER—WYNNE.—At the residence of the bride's parents, on Tuesday, December 14th, by the Rev. Prof. L. J. Evans, Dr. A. G. Gerster, of Brooklyn, N. Y., and Anna B., eldest daughter of John Wynne, of Cincinnati, Ohio.

HARRY—SLINGLUFF.—On December 23d, by the Rev. A. Weddell, at the residence of the bride's parents, Dr. John W. Harry, of Conshohocken, and Miss Laura Slingluff, of Norristown.

PORTEOUS—MASON.—At St. James' Church, Paddington, London, on December 15th, 1875, by Rev. J. Twissday, Dr. J. Lindsay Porteous, of Pathhead, Fife, Scotland, and Louise Carlile, daughter of John M. Mason, of Yonkers, Westchester county, N. Y.

PORTER—BEATTY.—December 30th, by Rev. Wm. M. Ridgway, Charles H. Porter M. D., of Moorestown, N. J., and Miss Sarah A. Beatty, of this city.

ROSENBERGER—ALLEBACH.—On the 16th ult., by the Rev. D. E. Klopp, Henry D. Rosenberger, M. D., and Mary A. Allebach, both of Montgomery county, Pa.

SHOEMAKER—LOGAN.—On the evening of the 5th instant, by the Rev. Frank Robbins, Dr. J. V. Shoemaker, of Philadelphia, and Miss Jennie M. Logan, of Pittsburg, Pa.

DEATHS.

DUER.—After a short illness, Dr. George S. Duer, in the 68th year of his age.

MAIRS.—On Saturday, January 1st, 1876, James Mairs, M. D. in his 81st year,

PARKER.—In this city, on Saturday, 18th ult., Dr. Joseph E. Parker.

PERRY.—In Providence, R. I., Carrie Grace, daughter of Dr. G. B. Perry, M. D., of No. 25 Bedford ave., Brooklyn, aged 14 years.

REISIG.—Suddenly, on Saturday evening, Jan. 1st, Dr. Adolph Reisig, in the 77th year of his age.

RUSS.—In Pomfret, Vt, December 28th, Dr. Kimball Russ, 75 years of age.

SHARP.—At Charleston, S. C., December 23d, 1875, John Sharp M. D., only son of Jacob and Mary Sharp, of Cherry Valley, N. Y.

STRATTON.—At his residence, in Mount Holly, N. J., on Wednesday, the 29th ult., Benjamin H. Stratton, M. D., in the 72d year of his age.

VAN KLEEK.—Suddenly, on Sunday morning, January 2d, at his residence, No. 220 East Seventeenth street, New York, Dr. John R. Van Kleek.

WISTAR.—December 26th, 1875, Jane C. Wistar, beloved wife of Dr. Richard M. Wistar,

THE

MEDICAL AND SURGICAL REPORTER.

No. 986.] PHILADELPHIA, JAN. 22, 1876. [Vol. XXXIV.—No. 4.

Original Department.

Communications.

HOUR-GLASS CONTRACTIONS OF THE UTERUS DURING LABOR.

BY S. P. JOHNSON, M.D.,
Of Waterloo, New York.

Read before the New York Central Medical Association, in Syracuse, December 21st, 1875.

Occasionally, after labor, owing to some weakening or derangement of innervation, the uterus contracts irregularly, spasmodically, and partially, some fibres contracting while others do not. In true hour-glass contractions, a portion of the fibres around the body of the uterus are thrown into a state of permanent contraction, making the womb very much the shape of an hour-glass, and dividing it into two unequal chambers; in such cases there is nearly always some abnormal adhesion of the placenta. The cause of this adhesion is considered to be the result of some disease of the placenta, or that part of the uterus to which it is attached. As an example, inflammation from local injury, or otherwise, may cause an effusion of lymph, binding the two together. Calcareous and cancerous degeneration of the placenta are said to have produced it.

The treatment of such cases consists in introducing the hand into the uterus, and then gentle yet decided pressure must be made with the fingers, in the shape of a cone, and pushing the hand into the upper chamber, separate the attached portions of the placenta, and bring it out with the hand. And where adhesions and hour-glass contraction are supposed to be present, it will be well to deliver the placenta as soon as possible after the child is given to the nurse. Then the hand can be introduced into the upper chamber with but little difficulty, and the placenta separated and withdrawn; and the longer we wait, the more difficult it will be to do so.

I have spoken briefly of hour-glass contractions after labor, and will now give you what I consider the diagnosis and proper treatment of hour-glass contractions during labor. That we have hour-glass contractions during labor, cannot well be denied by any experienced accoucheur, though I have never seen or heard of any article written or printed upon this subject.

The symptoms may, for convenience, be divided into three classes, according to the progress in labor.

First. When the labor has really commenced, we find the pains similar to the usual preparatory or dilating pains, but with this difference: they are *more severe*, very little if any progress being made, and there is a sense of decided constriction around the lower part of the abdomen; the pains do not entirely leave the patient, and, after continuing for a time, the patient becomes weary, and is constantly changing position, in order to get in some posture where she may obtain temporary relief, if possible, during the intermission of the regular pain, but without success. This stage of labor is protracted, often lasting one or two days when left to itself.

In the second stage the same symptoms continue. The fœtal head having passed the brim of the pelvis (if it be a vertex presentation, and it has been in all cases which I

have witnessed), the pains are usually more severe, and the band or constriction in front and around the uterus continues; the os not much if any dilated, but dilatable, tumefied, and less sensitive than usual, and the fœtus does not press against the os even during the pain. This condition of things continues until the fœtal head is entirely within the cavity of the pelvis, at which time the external organs become swelled and painful; the os more swelled, and edges uneven; more dilatable; the patient very much exhausted; thirst, dryness of the tongue, and frequently delirium.

The third stage requires no description by me. The longer it continues, the more dangerous to the patient. There are times when it seems that half a dozen good pains would complete the delivery, and they may continue for hours—with but little progress being made—before delivery, which may then be natural or instrumental. I should have stated that the membranes usually rupture early, but the liquor amnii is mostly retained above the constriction, and only a little of it passes at any one time.

The sequelæ of such labors are well known, but the causes have been overlooked. Among the sequelæ are recto- and vesico-vaginal fistulæ, metritis and metro-peritonitis, septicæmia and death.

The pathology is the same as that mentioned in hour-glass contractions after labor; portions of the circular fibres of the uterus contracting, while others do not; holding the fœtus as tight as if it were in a vise, in severe cases especially so, when the contractions are around the neck of the child. Though we find them of all grades, from slight to severe.

The diagnosis in slight or mild cases is not always clear, but in the more severe forms one can seldom be mistaken; the prominent points are the sense of constriction felt by the patient in front and around the lower part of the abdomen, which continues after the regular pain has ceased and until it returns; the severity of the pains, and the little they accomplish; in the second stage the os becoming tumefied, dilatable, and the want of decided pressure of the fœtus upon it at any time, even during a severe pain, and the labor being protracted.

Treatment.—In slight or moderate cases no particular treatment is necessary, but in the more severe forms this abnormal contraction of a portion of the circular fibres should be relieved, and the great question to solve is the specific for doing it.

Morphine, alone, will not do it. Ether and chloroform have alike failed in my hands; they relax the abdominal muscles, but I have observed no beneficial effects on the uterus in the kind of cases we are discussing. But the hypodermic injection of belladonna has, in my hands, in several cases, been followed with very flattering results; but it having failed me on one occasion, I cannot consider it a specific.

A solution of tartrate of antimony, given in ⅓- to ¼-grain doses, and repeated every hour, or oftener, until the patient becomes considerably sick and prostrated, has been used for years, and in many cases with good results; but there are times in which it is contra-indicated, as in the case which I will now report, showing, as it does, a practical illustration of a severe case of hour-glass contractions of the uterus during labor.

Case.—About 5 A. M., September 30th, 1874, I was summoned to attend Mrs. D., who resided two miles in the country, and who, I was informed, had been taken with labor pains some four hours previous, and was then very sick and desired my immediate attendance. Upon my arrival I found my patient, who was a short, stout, well-built woman of German descent, black hair and eyes, in her first labor, pains recurring every three or five minutes, apparently severe, and were becoming still more so. Upon examination I found the os was not dilated or dilatable. Her tongue was coated, and she had been suffering from diarrhœa for three or four days previous, and occasionally vomiting a green, bilious substance. Her time was up and over. I gave her one-half of a grain of morphia, and waited about one and a half hours, at which time she expressed herself as feeling much better, excepting a sensation as if there were a tight band around the lower part of the bowels, which did not seem to ease up. Pains regular. At this time the os remained in the same condition as before. Gave two-thirds of a grain of morphia; prepared a solution of fluid extract of ipecacuanha and belladonna, so that each teaspoonful contained about three drops of each; gave one teaspoonful, and ordered one to be given every hour; requested the patient to lie down and get some sleep, if she could, and I would call again soon after dinner.

Returned at 2 P. M. I was informed that the patient had slept about one hour, but for two

hours previous to my arrival the pains had been severe, and she had been walking the floor most of the time. At this time the os was not dilated, even when there was a pain, but it was dilatable to the size of a silver half dollar or more. Vertex presentation; waited one hour; no particular change. Administered fluid extract of belladonna, ten drops, hypodermically; had the feet soaked; gave some hot drink. Waited one and one-half hours; found no decided change, either in pains, which were very severe, constriction, or progress; pupils only slightly dilated; the os more dilatable and tumefied. At this time the fœtal head had nearly passed the brim of the pelvis, but bringing the womb with it. Gave another hypodermic injection of ten drops belladonna. I will here state that the article I was using at that time was not considered to be of officinal strength; had it been, I should have given at first about six drops, a larger dose than under ordinary circumstances. Waited one hour, and applied extract of belladonna as high up in and on the uterus as possible, and gave, one-half hour afterward, one-third of a grain of morphia hypodermically. Waited one hour or more, but no progress; external organs becoming swelled and painful; pupil well dilated; and after relieving the bladder with the catheter, applied the forceps, but to make any progress toward delivery seemed utterly impossible.

Administered chloric ether to near insensibility, and kept her under its influence about half an hour, but to no advantage; the contractions seemed to hold the fœtus as tight as if it were in a vise, and I believed, and do now, that the hour-glass contractions were around the neck of the child; and, from my frequent observations, in this class of cases, that the upright position of the body favored the progress of labor materially, and vice versa, owing to the well-known laws of specific gravity; and thinking, also, that the constriction was less severe when the regular pain was off, I changed the programme, and endeavored to deliver during the intermission of the regular pains, which was successfully accomplished in about three-quarters of an hour.

As soon as possible, the hand was introduced into the uterus for the placenta. I found the uterus contracted in hour-glass style, and it was with difficulty that I was enabled to pass it into the upper chamber. Found the placenta firmly adhered to the right half, extending from the fundus down to and on the constriction, and it was with considerable difficulty that it was detached and brought out. This was accomplished about twenty-two hours after commencement of labor.

This patient was quite sick for three or four days afterward, but, considering the circumstances, and that she was sick before labor, made a good recovery, and in two weeks was able to walk about the room. The child breathed occasionally for a few minutes, and died. I have forgotten the weight, but think it was about seven and a half to eight pounds.

The diameters of the pelvis were normal. One need but to attend one or two such cases as I have described to fully comprehend the difficulty and danger attending them, and the long and tedious labors which the patient is destined to endure when left to nature alone, frequently lasting two or three days, to say nothing about the after-troubles, which often arise even if the delivery should be accomplished without the use of the forceps.

From the foregoing we may safely draw the following conclusions:—

1. That hour-glass contractions of the uterus during labor are of frequent occurrence.

2. From the symptoms given, the diagnosis is clear, in all cases requiring interference.

3. The upright position of the body (as much as possible) assists materially in the progress of labor.

4. To relieve the abnormal constriction or contraction of the uterus as much as possible, and to deliver with the forceps, as soon as the uterus can be dilated sufficiently to apply them, is the duty of the accoucheur.

GLIOMA OF RETINA.

BY J. HALE, M. D.,
Of Owensboro, Ky.

Read before the Kentucky State Medical Society, April, 1875.

Symptoms.—The symptoms presented by glioma of the retina are generally well marked. In the early stage of the disease the external appearance of the eye is normal, there being no pain or symptom of inflammation. The first symptoms noticed are, loss of sight, more or less dilatation of the pupil, and shining from the bottom of the eye may be seen a bright yellowish-white reflection.

At the outset, the disease is limited to a small portion of the retina, which is opaque, thickened, and slightly mottled in appearance, which gradually increases in extent and prominence until it protrudes, in the form of a yellowish-white mass, into the vitreous humor. On the expanse of the tumor may be seen, with the ophthalmoscope, numerous blood-vessels, which anastomose very freely, and between these vessels are often seen small effusions of blood. Such are the symptoms generally presented by retinal glioma when the surgeon first sees it, for, as it occurs almost exclusively in children, little attention is paid to the condition of the sight, and the affection is unnoticed until the attention of the parents is arrested by the yellow reflex coming from the bottom of the eye. Hence, we seldom enjoy the opportunity of seeing the earliest development of the disease, and of watching its progress.

According to Von Graefe, in the very earliest stage of the disease may be seen numerous small white patches, of varying size, which lie partly behind the retinal vessels, and partly pervade the retina, as far as its inner surface, and give rise, at a very early stage, to a marked elevation. They may be distinguished from inflammatory products of the retina by their sharply defined outlines, their periphery not being broken up into punctated or striated opacities, as occurs in inflammatory products. They are also of a decidedly white tint, whilst the inflammatory infiltration presents a yellowish hue. As the disease advances, these small patches soon coalesce, and increase in size and thickness, and as the advance continues the posterior surface of the retina bulges forward, and gives rise, at a circumscribed spot, to a lobulated growth of the external surface of the retina. The retina is generally partially detached at a very early stage, and the tension of the eye somewhat increased.

When the disease is more advanced, and the whole retina involved in it, the detachment is generally complete, the retina being funnel-shaped, the apex being at the optic nerve, and the base at the ora serrata.

When the growth enlarges still more, the lens and iris are pushed forward toward the cornea, the lens often becoming opaque and partially absorbed. The intra-ocular tension gradually increases, and is generally accompanied by more or less acute inflammatory symptoms, and often very severe pain.

The tension now rapidly increases, the tumor pushes the lens and iris against the posterior surface of the cornea, which, from the increased tension of the globe, suppurates or sloughs, the lens is evacuated, and the fungus protrudes through the opening.

The growth of the tumor now becomes extremely rapid; the glioma soon swells into a large tumor, with a pedunculated base; protrudes from the sclera, between the lids, which are generally swollen and everted. It presents a dusky-red appearance, bleeds easily, and, increasing continually, soon exhausts the patient. According to Wells, Stellwag, and other authorities, glioma does not always run so regular a course. In some cases, after the tumor has attained a certain size within the eye, symptoms of irido-choroïdeitis supervene, the pupil becomes blocked up with lymph, the eye-tension falls below the normal standard, and the disease for a time assumes the character of an irido-choroïdeitis, passing on to temporary atrophy of the eyeball; there are, often, very intense paroxysms of pain, the eye itself being but slightly if at all sensitive to the touch.

At a subsequent period, the symptoms of the intra-ocular tumor again manifest themselves in the partially atrophied eyeball, the tension increases, the tumor augments in size, the cornea gives way, and a rapidly increasing morbid growth sprouts forth, presenting all the characteristics of the gliomatous tumor.

Pathology.—Most modern pathologists agree as to the origin of glioma. Virchow taught that glioma commenced in the external layers of the retina, more especially the connective tissue elements of the granular layers. According to the observations of Knapp, Hirschberg, Robin and others, it originates most frequently in the inner granular layer. In cases examined by Hirschberg and Robin, they found that the disease commenced in a proliferation of the cells in the inner granular layer of the retina, and, on account of the similarity of the elementary parts of the pseudoplasm, considered the nature of the morbid growth to be a hyperplasia of the granular layers, especially the inner. In a specimen examined by Knapp, Arch. Ophth. and Otol., vol. iv, no. 1, p. 8, he says, "Under the microscope, all the tumors were composed of small round cells, embedded in a scanty matrix, and supplied with many thin-walled blood vessels, the ordinary structure of retinal glioma.

Transverse section through the smallest tumors showed with great distinctness that the pseudoplasm originated in the inner granular layer."

Wells, "On Diseases of the Eye," p. 373, says: "The principal masses of tumor are composed of aggregations of nuclei and cells. The latter are round or oval, small in size, and occasionally have small prolongations. They are sometimes arranged in rows, and contain one or more nuclei. The free nuclei are small and round, and, according to Virchow, correspond exactly with the little light-refracting nuclei of the granular layer."

According to the observations of Müller and Schultz, two elements are found in the inner granular layer: first, roundish cells, remarkable for their distinct and brilliant outline, large nuclei with nucleoli, and small amount of cell body, giving off a process at either end; second, pale-edged oval nuclei, with large nucleoli.

From the concurrence of opinion, by the authors referred to, on the pathology of glioma, and from the great similarity of the elements of glioma, and the inner granular layer of the retina, I am led to the conclusion that glioma has its origin in the inner granular layer of the retina, and is, perhaps, as suggested by Hirschberg and Robin, a hyperplasia of the elements of that tissue. As this disease advances, the contiguous tissues become involved. It extends from the retina to the parts organically attached to it, and scatters its germs, and extends new foci not directly connected with the primary one. This extension of the disease is in two directions, (1) to the optic nerve, (2) toward the choroid, and, according to Hirschberg, much more frequently in the former direction. Out of eight cases which he reports, the optic nerve was implicated in six, and to a very considerable extent. It extends along the optic nerve to the brain, where secondary tumors are often formed, resulting in death of the patient. In the extension of the disease in the latter direction, the choroid and sclera are pervaded, the gliomatous elements passing out of the globe into the tissues of the orbital cavity, which become infected, and the mass extends rapidly to the contiguous tissues, the whole orbital cavity being filled with the gliomatous mass, pushing the globe forward between the lids.

The question as to the malignancy of glioma is still considered doubtful by some observers. Von Graefe, however, speaks in the most decided manner as to its malignancy, and thinks that this increases with the length of its existence and the increase of its development."

Dr. H. Knapp, of New York, has reported some cases, showing that secondary gliomata may be found in the liver, lungs, brain, diploë, etc., which fact goes far to establish the correctness of Graefe's opinion.

I think there is no doubt of the malignancy of glioma, and fully concur in the opinion of Graefe, that its malignancy increases with its development.

Causes.—The causes of glioma are very obscure. In some cases, however, it appears to be due to a traumatic origin; a blow on the eyeball, or an injury of any kind, may cause its development. It occurs almost exclusively in children between two and ten years old, and generally in those of a fair complexion and delicate constitution. In some instances, it appears to be hereditary, and occurs in several members of the same family. Lenche mentions four cases in a family of seven children; Sichel saw it in four children of the same family. These cases were, perhaps, mere coincidences, without any hereditary influence. I am inclined to the opinion that certain peculiar organizations may possess a predisposing cause, but am disposed to discredit the doctrine of hereditary transmission.

Treatment.—Glioma has been generally considered by authors equally as intractable as cancer, and even more destructive. External and internal remedies may relieve certain symptoms, and greatly palliate suffering; but they have no effect on the progress or final result of the disease. In the early stage no remedies are required, either general or local. But in the advanced stage, tonics, as bark, iron, arsenic, etc., conjoined with sedatives, may afford some relief from the great prostration, pain, etc., but accomplish nothing more.

The practical question, of most importance, is whether enucleation of the globe is advisable, and at what period should it be done? It is needless for me to quote authorities on the subject, as different opinions have been and are still held by men of high position in the profession, some advising extirpation in all stages of the disease, whilst others oppose it under all circumstances.

I have thoroughly investigated the history of

extirpation in gliomata, or "fungous hematodes," and have come to the conclusion that extirpation is the only remedy that promises any hope of permanent benefit in the disease, and this, to be effective, must be done at the earliest possible period. I have found, in my researches, several cases reported in which extirpation had been done in the early stage of the disease, with permanent results. These cases, however, are not entitled to full credit, as they were operated on before the practical use of the ophthalmoscope and microscope in the diagnosis of the disease, and hence may have been *non-malignant* tumors of the globe.

Some recent cases, however, of undoubted gliomata have been reported by Drs. Williams, of Cincinnati, and Knapp, of New York, in which the results have been very encouraging so far. Still, the lapse of time in these cases has not been sufficient to determine what the final result may be.

If the views advanced in this paper on the pathology of glioma be correct, there is but little doubt of the success of an early enucleation. The operation, however, should be done in the earliest stages of the disease, before there has been an extension of the gliomatous elements to the optic nerve or perversion of the sclera.

The enucleation should be done in the same way as for other affections of the globe, save that the optic nerve should always be divided as far back of the globe as possible. In the advanced stage of glioma I have not been able to find a single case reported in which a recurrence of the disease did not soon take place after the operation, followed by the death of the patient. Still, notwithstanding the unfavorable results of the operation, it is the only means we have of prolonging the life and adding to the comfort of the patient, and should not be withheld in any case. In this stage of the disease the optic nerve is involved, the cornea, or sclera, is pervaded, and the gliomatous elements have passed out of the globe, and the extra-orbital tissues have become infected. The only hope is in removing all of the tissues of the orbital cavity, dividing the optic nerve at its exit from the optic foramen, and plugging the orbital cavity with lint saturated with a solution of chloride of zinc, or some other caustic substance which will effectually destroy whatever may have been left of the soft parts.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE.

CLINIC OF PROF. GROSS, OF OCTOBER 16, 1875.

REPORTED BY FRANK WOODBURY, M. D.

Case of Obscure Affection of the Urinary Bladder.

Gentlemen:—The patient presented to you this morning is thirty-six years of age, and is a native of Philadelphia. I saw him for the first time last March, in consultation with Dr. Hearn, under whose care he has been, for an obscure bladder trouble, from which he has suffered for several years. He has been brought here, in order that a careful exploration of the vesical cavity may be made while under the influence of an anæsthetic. It may be that, after all, the difficulty is due to a small calculus that has escaped detection in previous examinations.

The condition of the patient is far from enviable; his water dribbles from him constantly, wetting his clothing, and his bed at night, and giving his person a urinous odor; indeed, were it not for this rubber urinal which he wears through the day to collect the flowing fluid, and which acts as a supplementary bladder, it would be impossible for him to keep himself at all comfortable or clean. The incontinence of urine in this case is not absolute or complete, as sometimes happens, but he can, by voluntary effort, empty the bladder, should an ounce or two of fluid accumulate; although he cannot, by any exercise of the will, control the flow so as to retain his water in the vesical cavity. The principal trouble here, evidently, resides in the sphincter muscle, which permits the renal secretion to pass directly through, without stopping in the cavity where it normally collects. The muscular fibres in the wall of the bladder have, evidently, not entirely lost their power, for he states that he can expel its contents at pleasure.

He is unable to assign any cause for this malady. A temperate man, he has not abused himself sexually or with drink; he has never suffered from retention of urine; he is not conscious of having caught cold just before it appeared, nor is there any history or any scar of an injury to account for it. He has had no headache nor fever, his appetite and digestion are good, and, beyond a slight tendency to constipation, he has nothing but the condition we have under consideration to prevent him from enjoying excellent health. To complete the report, he informs us that he has never been troubled with fissure, hemorrhoids, or other affection of the lower bowel. About three pints of urine are voided in the twenty-four hours, a quantity, therefore, not materially exceeding the normal standard; it is high-colored, but does not produce any scalding, although he thinks it has an offensive odor. No chemical report of the fluid has been made.

Making pressure behind the pubes, with the

hand in the hypogastric region, no evidence of local tenderness is elicited; in this connection it would be proper to state, that he has not, at any time, experienced any pain or spasm in micturition. Oiling a medium-sized sound, and warming it between the fingers, I pass it readily, and without obstruction, through the urethra into the bladder, and then thoroughly explore the cavity, without encountering any foreign substance; the mucous surface is found to be uniformly smooth. He is too young to have any considerable hypertrophy of the prostate, but this point is readily ascertained by oiling the forefinger, and, with a rotary motion, gently introducing it into the bowel; determining the outline of the gland by pressing it against the sound, which still remains in the uretha. This conjoined digital and instrumental manipulation is important; and I wish to impress upon your minds that the examination is not perfect or reliable unless thus made by the finger in the rectum and the instrument in the bladder. It is unusual to find any considerable simple enlargement before fifty years of age; but, consequent upon advancing life, so-called senile hypertrophy of the prostate frequently occurs. In this case I find that no sensible increase is present. True, an inflammatory condition might occur at any age, accompanied by increase in size of the part, from engorgement or plastic deposit; but there is nothing in the history of this case to warrant a suspicion of its existence, even if no examination had been made to demonstrate its absence. He has had a decided weakness and pain in the back, which is increased by stooping or bending forward, ever since the trouble began. It is a point worth noting, that he formerly suffered a great deal from rheumatism, in view of the fact that the wall of the bladder contains muscular tissue, which frequently is the site of rheumatic manifestation. The principal trouble in this case resides in the muscular fibres of the sphincter vesicæ, placed as a guard at the neck of the bladder to prevent the passage of fluid except at certain times, which fail to contract and retain its contents. The muscular coat of the wall of the organ has preserved its contractile power, and, as he has said, he is able to expel fluid, when it has accumulated in the interior, by voluntary effort.

He has taken quinia and strychnia faithfully, without effect, beside other remedies too numerous to mention, and I have come to the conclusion that ordinary treatment here will be of no avail. On the next clinic day, I propose, with his consent, to apply to the neck of the bladder a small quantity of nitrate of silver, by means of the porte-caustique. I have no doubt that if a large eschar were made in the small of his back by means of the actual cautery, the issue being kept open for several months and made to yield from three to four ounces of pus daily, it would be of immense advantage to him, and it may yet be resorted to. Douches upon the epigastrium, or the shower-bath, also give good results in some cases.

In all cases of incontinence of urine, if obstinate, inquire into the nature of the exciting cause, scrutinize carefully the symptoms. The bladder may not be originally at fault; the active trouble may reside in some other portion of the economy. If this man had any disorder of the alimentary canal; any disease of the anus or lower bowel, whether malignant in its character, or even of the nature of a polyp, fissure, or simple hemorrhoidal condition of the vessels; or had he suffered from suppression of the function of the skin—in either case the treatment should be applied primarily to the manifest disorder, which may be the exciting cause of the irritation; and should the bladder trouble be sympathetic, it would subside with the disappearance of the other symptoms, without direct treatment.

Foreign Body in the Nostril.

This little two-year-old girl has some trouble with her nose. Her mother reports that while she was playing with the foot broken from a small china doll, she pushed it into her nostril. Wishing to remove a bead, bean, grain of corn, or any one of the similar objects that children are apt to place in this situation, the extracting instrument should be passed, not along the floor of the nostril, but obliquely upward on a line parallel with the front of the nose, until it gets beyond the object; then the hand is raised, depressing the hook, and the substance may be easily extruded. This is where a mistake is commonly made by practitioners, who introduce the instrument horizontally, and in endeavoring to pass beyond it, push against the object until it gets out of reach. An ordinary pocket probe can be bent at the end and made to fulfill the purpose, but I am accustomed to use in these cases an instrument made for me by Mr. Gemrig, which is depicted in my book, and which accomplishes the end perfectly.

In the removal of a foreign substance from this situation in a young child, the surgeon should wedge its limbs between his knees and get an assistant to hold the body, so as to obtain perfect control of his little patient. Proceeding as indicated, the mother is found to be correct, and probably for the first time on record we have been called upon to take a baby's foot out of its nose.

Chancres with Phimosis.

The first thing that strikes the observer, when looking at this penis, is the enlarged, œdematous, and swollen foreskin, from whose reddened and inflamed border escapes a yellowish discharge.

Manifesting itself in the course of the second week after impure connection, the trouble has been in progress nearly two months, and has been attended with considerable inflammatory action, so that, at one time, for eight days the patient was unable to retract the foreskin over the glans; when he finally succeeded, he discovered a crop of nine sores, one quite large on the frenum, and others, small, situated principally

upon the mucous lining of the prepuce. The disease has progressed, so that now the condition of phimosis has been again produced. He is troubled with erections at night, toward the morning, but they are not attended by much pain. There is no perceptible enlargement of the inguinal glans present in either groin.

These concealed venereal sores belong to the variety known as soft chancre, sometimes termed, by modern syphilographers, chancroid, or chancre-like. There are two species of chancre, the hard or Hunterian, and the soft, the pus from the latter being very inoculable, and, of all others, most liable to infect mucous follicles or abrasions; it is furnished from the sores in considerable quantity, and has more of the appearance of laudable pus than that from the hard chancre, the discharge from which is ichorous, often sanious or bloody, and is small in amount. Were I to take on the point of a bistoury a minute amount of the pus from this young man's foreskin and prick with it the inside of his thigh, or the skin anywhere else upon the body, a sore would rapidly be developed, probably having all the appearances of a hard chancre. This contagious quality of the discharge will explain the reason why the soft variety is frequently multiple; it may be single, and probably is often so at first, but generally, in the course of the disease, several co-exist. They are usually found at the free margin of the prepuce and just behind the corona, often affecting the frenum and destroying it. Chancres also occur on the uterus, vagina, vulva, in the perineum, around the anus, and occasionally on the lip or tongue. Bubo, or enlargement of the glands in the groin, occurring in the course of a chancre, is due to their inoculation with the virus, through the agency of the lymphatic vessels; it may follow either the hard or soft sore, the first being very liable to affect the lymphatics and the general system, while the latter is frequently, but not generally, followed by buboes; this variety of bubo has a special tendency to suppurate, furnishing pus in all respects like that from the original sore. The soft variety of chancre is less likely to infect the system than is the true Hunterian sore, but it is also occasionally followed by constitutional symptoms; of this there is not, to my mind, the slightest doubt in the world.

In the progress of the primary disease the patient is liable to be tormented with erections at night, which sometimes are so painful as to compel him to get out of bed and walk the room, or bathe the organ in cold water. Scalding micturition, also, is a distressing occurrence in cases where the concentrated urine washes the surface of the ulcers. These symptoms are relieved by reducing the violence of the local inflammation, and putting the patient under appropriate general treatment. The mucous surface is here principally involved, and these ulcers should be treated on the same general principles as those occurring anywhere else upon the body.

This man shall provide himself with a tin cup, which, three or four times in the twenty-four hours, he shall fill with warm water made detergent and astringent by the addition of two drachms of acetate of lead, and in this the penis shall be immersed or fomented for about fifteen minutes on each occasion; he shall also, with a small syringe, inject some of the solution under the prepuce, so as to cleanse and slightly medicate the surface of the chancres and form healthy granulations. In the interim he shall use a solution of one ounce of acetate of lead, and a drachm of opium, to a pint of water, upon a layer of cotton-wadding or several thicknesses of flannel, to be frequently wetted, and renewed as often as soiled, with which to constantly envelope the penis, a piece of oiled silk being wrapped on the outside, to keep the dressing moist. To complete the local treatment, he shall keep the organ elevated, looking toward the navel, on the same principle and for the same reason that a finger with a felon should be held pointing upward, to assist the blood to leave the part by the force of gravitation, because in the dependent position it would naturally become more congested, the morbid process encouraged, and the suffering increased. He must not walk about, but shall lie on a couch through the day, so as to keep perfectly at rest, and his diet shall be restricted; he must abstain from all kinds of animal food whatever.

From what I have said, you know I am no friend to the doctrine of feeding inflammations. If you allow such a patient to eat heartily, you are feeding and increasing the morbid process at the same time. For this cause, unless the patient is otherwise debilitated, I always enjoin abstinence from meat of any kind during the treatment, if the person is in good physical condition. He shall have milk, eggs, a few oysters, or fresh fish, with bread, and a little weak tea occasionally. The phimosis will disappear in the course of the treatment, of its own accord, as the organ returns to its normal size; it would be perfectly easy to slit it up now, but to do so would only expose a fresh surface for infection. These sores are treated on the same principles as simple ulcers anywhere else in the body; we ignore, at present, the idea of any specific character in connection with the disease. I do not give mercury, because I am not certain that this will be followed by constitutional infection. To act gently on the bowels, he shall take half a drachm to a drachm of Rochelle salts, four times a day, to each dose of which shall be added a twelfth of a grain of tartar emetic, and one-tenth of a grain of morphia, which is anodyne and antiphlogistic, and is a modification of the antimonial and saline mixture.

Two Tumors of the Eyelid.

You will notice in this man's eyelid a small growth, which he says has been there for five months. It resembles a sebaceous tumor, but I hardly think it is. It is movable, not painful, and is apparently in the substance of the orbicu-

laris muscle. This looks like a cyst, or boil, and is probably a stye, which is merely a boil in this particular situation.

Opened with the bistoury, a quantity of aplastic lymph and disorganized substance is discovered, confirming the diagnosis. This is scraped out, and a cold-water dressing ordered to be applied.

Some children are particularly subject to this peculiar affection, which is supposed to be connected with disorder of the digestive apparatus. In my experience, women are more liable to it than men. Why this should be so, or why some persons never suffer from it at all, I am unable to explain.

In this next case, a little girl five years of age, you notice a tumor of the eyelid different from the preceding one; that originated in inflammation, and was formed by the resulting disorganization of a small portion of cellular tissue, while this has for its starting-point a normal, anatomical element of the skin, the sebaceous follicle. The mother states that the swelling has been there for three years, but in all probability it dates prior to that period and was congenital. Instead of spoiled lymph, I think we will find in this cyst, beside the usual sebaceous substance, some hair coiled up in the interior. This is of frequent occurrence about the forehead in children; it is movable, unaccompanied by pain, and is a variety of sebaceous tumor. In other words, sebaceous cysts, especially in this situation, are sometimes congenital, in which case they always contain hair, which frequently forms quite a tuft in its centre.

There is but one thing to do in the treatment: turn out the contents and enucleate the cyst, making the incision in the direction of the fibres of the orbicular muscle. The only danger after the operation is the occurrence of erysipelas in the wound, which sometimes supervenes despite the greatest precaution. I have known violent erysipelatous inflammation to follow the removal of a sebaceous cyst. I, therefore, impress upon you the necessity of warning your patient of this danger, and of the necessity of keeping quiet and at rest for a few days after any operation, no matter how slight it may be. I remember that, some years ago, an officer of the United States Navy lost his life from erysipelas following a leech bite; and in my own practice a death occurred from the same cause, where leeches had been applied to the side in a case of pleurisy.

Recovery from Pyemia following Gunshot Wound of the Hand; Subsequent Partial Amputation.

This young man had the misfortune, last March, to have his left hand injured by the premature discharge of a pistol. The muzzle, at the time of the accident, being pointed at the palm of the hand, the ball passed directly through it, severely lacerating the part. I did not see him until some time afterward, when he was suffering from pyemia; he had then some fifteen abscesses in different parts of his body. Unable to sleep, and reduced to a skeleton, he appeared, to all who saw him, to be on the verge of the grave. By careful attendance, he slowly got better, with the aid of whisky-punch, quinine, sedatives, and nourishing diet; but he did not entirely recover until after a couple of months' residence at the sea-shore. His general health is now good, and he is stout and hearty; but his wounded hand is still discharging, and requires some attention. There is an opening upon the dorsal surface, corresponding to the position of the second metacarpal bone, and one on the palm, opposite the same bone of the index finger. The hand, in its present condition, is crippled and useless; the uninjured fingers are stiff, from want of use, and inflammatory deposit in the sheaths of the tendons; and at least one of the metacarpal bones is in a carious condition.

After chloroform has been given, I propose to enlarge this wound, and, if the bone of the middle finger is extensively diseased, I will dissect it out. I have examined, several times, carefully, but have been unable to find any wadding in the wound. Great care is necessary in administering this anæsthetic to give it gradually, so as not to excite opposition, for if it is given with the patient struggling, he may easily get an overdose, and you may have serious trouble in consequence. Using the Esmarch bandage as a preliminary step, a free incision in the palm is made; the parts are very much infiltrated, and the metacarpal bone of both the index and middle fingers are found to be so extensively diseased as to require their removal with the corresponding fingers. Having dissected out the carious bones, the stiff fingers next demand attention; and I will take the present opportunity of forcibly flexing and extending them, so as to break up the adhesions. As there is considerable oozing after the removal of the elastic bandage, the wound shall be packed with lint, and the hand and forearm placed on a straight splint. The muscles of the part have lost their color, and become quite pale from infiltration with serum and lymph.

This was about as bad a case of pyemia, to recover, as I ever saw; and in connection with it there is a practical lesson. After a gunshot wound, do not probe too much for the ball, for more mischief may be done by the examination than by the original injury.

[The operation was followed by considerable hemorrhage, probably from a branch of the palmar arch, which was finally checked by Monsel's solution on patent lint. He was presented, November 3d, to the class, with the back of the hand covered by a vesicular eruption. Prof. Gross said: "The patient is exhibited to illustrate a single point of practical importance. The skin of the hand is covered with a herpetic eruption, caused by the continued application of a poultice. This will follow even the mildest agents, such as elm and linseed, but I do not know whether other varieties of poultice occasion it as readily as the latter. It is due to the warmth and moisture, and is accompanied by pain or smarting; this might easily puzzle one

to whom it was unfamiliar. To counteract it, discontinue the poultice, and apply a simple water dressing, or one slightly acidulated by acetate of lead." The patient from this time steadily recovered, and obtained a very useful hand.]

Medical Societies.

SUMMARY OF SOME PAPERS READ BEFORE THE AMERICAN ASSOCIATION FOR THE CURE OF INEBRIATES, AT ITS LAST SESSION, AT HARTFORD, CONNECTICUT.

Reported for the Medical & Surgical Reporter,

BY T. D. CROTHERS, M. D., ALBANY, N. Y.

The annual address by the president, Dr. Joseph Parrish, of Baltimore, was delivered in Platt Hall. After congratulating the association on its past, and referring to the progress of civilization, mention was made of intemperance as a vice, crime, and disease, and the necessity of having asylums for their special treatment, asserting that intemperance was diminishing. More than this, intemperance is evidently diminishing with the advance of the amenities of civilized life. Like other survivals of the ages of animalism, it is gradually disappearing. There are several reasons for this. With the culture of the æsthetic tastes, the love of the refined and beautiful, comes the appreciation of these qualities in each other. Men affiliate and combine on the grounds of a common taste; and as the culture of art and refinement in general advances, vulgarity, lowness, and excess are disallowed, the inferior passions being remanded to their proper places.

Religious obligations and the conventional sentiment of refined society all move side by side with the æsthetic qualities, and men grow into moderation and self-control by the civilizing forces which multiply as we advance.

This is one reason. Another may be found in a wonderful physical fact, which has its basis in the law of heredity, and by which we are enabled to obtain more positive knowledge concerning the disease we are considering, and act with more intelligence toward preventing it. It is known that that form of drunkenness which is commonly called periodical, but more properly paroxysmal, is almost always the result of a peculiar inherited predisposition. I might quote authority upon authority in confirmation of this now generally accepted doctrine; but the quotation already made from Dr. Peddie is typical of medical sentiment generally, and is sufficient. The point to which I wish to call your attention specially is that this form of drunkenness has its period of termination, as well as of recurrence. It either discharges itself, or is deflected from its course into a different mode of manifestation. It has its climacteric period also, and I ask my brethren of the Association to note this period. In my experience it is somewhere between forty and fifty years of age, and I believe more people recover from this form of inebriety at this period of life than any other. They recover by the discharge or exhaustion of the propensity to drink. If, however, there is simply a deflection of the impulse, they may degenerate into some form of chronic alcoholism, and, in consequence, fail in the offices of progeniture, and thus save the future from the degree of blight that might otherwise be inflicted. It may be asked, why has not this law been operative in the past, and why are its effects not visible in the present generation? The answer is, that there can be no doubt we are realizing the effect of it, and that one of the effects is the increase in this particular paroxysmal form of drunkenness. Delirium tremens and mania-a-potu were much more common a generation back than now. Indeed, they may almost be said, at this day, to be rare, in comparison with their former frequency. The tendency to it appears to have deviated into what is now-a-days called dipsomania, and from this deflection there seems to be divergences into the various forms of chronic alcoholism, which, after a while, may so far lose their course and be divested of their characteristics as to be undistinguishable, except in the general features of paralysis, apoplexy, dementia, and so on. I do not know that this feature of the subject has been observed by you, but I cannot but believe there is force in it, and I commend it to you, as at least worthy of thought and investigation. Let me re-state it—dipsomania is a comparatively new form of disease, a deviation from mania-a-potu, taking a more chronic and obstinate form. It has increased and the former diminished. The tendency of dipsomania is to chronic alcoholism, as manifested in permanent lesions of brain and ganglionic structure, and resulting in incurable nervous disorders. The modification of nervous susceptibility in persons inheriting this tendency predisposes them, when under the influence of liquor, to more positive damage, though it may not appear in such acute and violent forms. If it be admitted that there has been a decided modification of the vice of drunkenness by the improving influences of intelligence, refinement, and virtue, and that the criminal view of the subject is being better understood and distinguished from its other aspects, and we have to do with it more as a disease, is there not good reason to hope for better results in the future? Sanitary boards, as they are constituted in our chief cities, tell us not a little about preventible diseases, and propose various means of prevention, and success seems to attend their efforts in proportion as the people appreciate and apply the recommendations of such boards. When inebriety shall be classified with other diseases, and Boards of Health and Commissioners of Hospitals and Charities shall act upon this fact, in the same spirit and with the same efficiency that they do with regard to other disorders, there will doubtless be a

corresponding improvement in the habits and lives of the people.

Dr. B. N. Comings of New Britain Conn., read an article on "Loss of Will-Power by Inebriates."

* * * If we accept the theory that the will is that faculty of the soul or spirit by which we make choice between two or more objects, there is apparently no loss of power to will, on the part of the inebriate, for he does make a choice, and takes alcoholic stimulants by a most decided and positive preference. That this act of volition is on the side of wrong, only proves that with him the current of his thoughts and the strongest motions are in that direction, for volition is usually determined by the thoughts which are uppermost at any given time. An insane man, for instance, may be perfectly sane when his thoughts are engaged on any other subject than his prevaling mania.

In like manner the inebriate, when he has a special purpose to accomplish, or strong motives are presented to him, or his thoughts are strongly excited in another direction, can practice abstinence to an extent wholly inconsistent with his ordinary habits. Clearly, the freedom of the will is not based on the power to choose right in every instance, for then only those who choose the good and reject the evil would possess a normal condition of the will. We know, too well, that a determined and indomitable will-power is often exercised by men of the most depraved tendencies. The inebriate often pursues his life of dissipation with an obstinate and headlong persistency, against the dictates of his moral nature, in the face of the strongest protestations of his friends, and in defiance of the highest consideration in favor of his present and future good, and in disregard of the strongest motives that can possibly exist in favor of a better life. If he ever possessed it, he has lost the ability to hold before his mind and appreciate the motives which ought to govern him, and we can see no good reason for saying that he has lost the power of choice. * * * *

Referring to the theories of inebriety and plans of treatment, he said:—

We have represented in this Association two classes of reformatory institutions, viz., the asylum and home systems. In the asylum patients are received from points beyond the immediate neighborhood of the institution, and are retained in it until the work of reformation is supposed to be comparatively complete, though under this system a detention of from three or four months to two or three years is considered desirable. Under the home system it is found necessary to detain patients only a few days or weeks, but this short period is made effective by influences which secure the presence of discharged patients at the stated weekly meetings, and thereby these institutions are enabled to keep up a continued influence over their discharged patients. This seems to be essential to reformation, and is recognized both in the home and asylum system. In both the treatment is practically based on the two-fold nature of the inebriate's malady, by administering to his physical and moral nature.

And yet we have two theories in regard to inebriety, viz., that it is a habit, and a vice, and should be so treated. The theory held by a considerable portion of the profession is that it is first a habit and then a vice, and ultimately results in disease, commonly called dipsomania, or alcoholism. Both theories are correct, to a certain extent. Physically, inebriety is first a habit, and finally becomes a disease. The period at which the diseased condition is established depends on hereditary predisposition and physical organization. So far as the moral nature is concerned, with but few exceptions, where it is used, individually or socially, it is a vice which is likely to terminate in moral ruin. Heretofore, the friends of temperance and religious organizations have attempted to reform the inebriate by treating intemperance as a vice, without any reference to the physical malady. The medical profession, from necessity, have only treated, in private practice, the physical disease. As we might anticipate, both have signally failed in their efforts for reformation and cure. The plan, recently introduced, of treating the inebriate in an asylum especially adapted to this class of patients is the only rational, as well as the only successful system. The favorable results already obtained in these institutions warrant us in the hope that inebriety will ultimately be treated as successfully as insanity, or any kindred nervous disease.

As at present conducted, the weak point in our treatment is a liability to overlook and under-estimate the paramount importance of reaching practically and deeply the moral nature of the inebriate. * * * * *

Dr. E. C. Mann, of Ward Island, New York, read a paper on "Intemperance and Dipsomania as related to Insanity."

* * * As a result of intemperance in the progenitors, we find transmitted to the offspring allied but different forms of neuroses. It may be dipsomania, epilepsy, chorea or actual insanity, or a proclivity to crime. It is, at all events, an aptitude for some form or other of nervous disorder, the particular form being often determined by causes subsequent to birth. The law of hereditary transmission applies equally to the victims of dipsomania as well as to the other insane classes, and is to be studied, I think, in three divisions, according as it is manifested. 1st. In mere predisposition or simple aptitude, the result of a defective organization and a weakened or diseased nervous system, as a result of which the possessor is predisposed or has a tendency to seek for the relief obtained by alcoholic stimulants, when laboring under any physical or mental depression. 2d. In the latent state or germ of the disease; and, 3d, in the actually developed disease. * *

Of the pathology, he remarked: We know comparatively little yet respecting the physiology and pathology of the central nerve system, and consequently comparatively little

information has been gained regarding the morbid histological changes which take place in the brain as a result of the use of alcohol. Such knowledge in this direction as we do possess shows that analogous changes in the structure of brain tissue take place in chronic alcoholism and chronic insanity, namely, atrophy and induration of the brain, and thickening and infiltration of the membranes. The nerve cells have also been found to be the seat of granular degeneration in some instances.

* * * From my experience, dipsomania is far more troublesome to manage than simple insanity, and requires, I think, more perfect discipline, both moral and physical, than the latter. We have morbid cerebral habits and impulses to combat, and we must labor on systematically to enlarge our knowledge of cerebral pathology, if we desire to strike at the root of the disease and overcome it. In the treatment of inebriates we have primarily to build up and restore shattered constitutions and broken-down systems. We have a class of patients to deal with whose digestive powers are weakened, whose appetite is impaired, whose muscular system is enfeebled, and whose generative function is often decayed. The blood is impoverished and the general nutrition disordered. They are indirectly predisposed to the acquisition of nearly all diseases, as they have, by long indulgence in alcohol, lessened the power of resisting their causes. We have to deal with the results of a toxic poison, which has resulted in more or less pathological changes in the brain and nervous centres. We may also have to deal with various complications proceeding from the abuse of alcohol, such as cirrhosis of the liver, gastritis, epilepsy, various forms of dyspepsia, and, in some cases, Bright's disease. * * * *

Dr. George Burr, of Binghamton, New York, discussed "The Distinction between Disease, and the Morbid Anatomy of Disease, applied to Inebriety."

* * * * Injuries of the nerve trunks arising from gunshot wounds give origin to numerous abnormal sensations, "and in such a manner as to be lessened, exalted or perverted, so that we have, as results, hyperæsthesia, anæsthesia, and all the varieties of pain, with numberless sensations, for the describing of which language fails us."

The nervous apparatus of the inebriate may be regarded as in a condition not unlike the cases referred to. The changes may not be sensible to our observation, but a departure from a healthy structure exists, as in forms of mental disorder; and the consequence is, that false and unnatural sensations are perceived, wants inconsistent with the regular and healthful play of the economy are felt, and acts are resorted to self-destructive and fatal.

It is this condition of the nervous system, calling for alcoholic stimulants, that is essentially the disease. * * * * * *

This condition commences when the first inordinate desire is experienced. The intensity of this desire, whether it be mild or virulent, does not change its character. The slightest departure from a normal appetite indicates the beginning of inebriety. The vomiting which often precedes an attack of scarlet fever is as much a part of that disease as are the inflamed fauces, or the eruption upon the surface. The same view should be taken in cases of diseased appetites. The first unnatural longing for drink is essentially of the same nature as the most inveterate and uncontrollable desire. The difference is only in degree.

The fully developed morbid condition is characterized by the most incessant desire for drink, by entire loss of self-control, and by all the debasing habits of the drunkard. Superadded to this condition, we have the consequences of indulgence, the effects of the poison upon the economy, and the lesions which alcohol induces, and which have too long been regarded, not as the morbid anatomy of inebriety, but as constituting, exclusively, whatever there was of disease in habits of intemperance. * * * *

The seat of the diseased appetites in inebriety is, of course, in that portion of the sensory apparatus which conveys sensations of hunger and thirst. Where that is, in the opinion of the larger mass of physiologists, is somewhat problematical. The latest and most probable view that has been taken is, that it is not located in any particular ganglion or plexus, or in any nerve of special sense, but that the call is general, like that of the respiratory sense, the *besoin de respirer*, coming from all quarters, perceptible in the remotest capillary as well as in the solar plexus, the mucous membrane of the stomach or that of the pharynx. The sensation of thirst is the expression of the economy, felt in its every ramification, of a deficiency of fluid material, and the demand is made from every region for more—for water. When disordered or perverted by disease, a hallucination is perceived; alcohol is required, and the diseased system is no more satisfied without it than when in a state of health it could dispense with water. * *

Dr. T. D. Crothers, of Albany, New York, read a paper of some length on the "Etiology of Inebriety."

* * * * The phenomena of this disorder range over the entire field of mental pathology, and embrace causes and conditions which, if rightly understood, give promise of more satisfactory results in treatment than in any other physical or mental disease.

A study of the particular causes indicate three classes or groups.

First. Inherited causes, direct or indirect, including the diathesis or cachexia.

Second. Such general causes as produce inebriety, in common with other insanities.

Third. Conditions and circumstances which particularly favor the development of inebriety. * * * * * * * *

Previous diseases are also active causes. Dipsomania, erotomania or monomania, belong to epilepsy in some of its obscure forms, as natural stages in its progress. Cerebral epilepsy,

with its disordered fancies, auras and impulses, ending in apparent recovery, only to be followed, after a time, by a repetition, closely simulates the impulsive drunkard. The connection between inebriety and epilepsy is far more intimate than we are aware. Affections of the heart, either organic or nervous, and low chronic hepatitis, predisposing to hypochondria and melancholy, very often precede this affection. Neuralgia often ends in this way, by disturbing the mind centres and its equilibrium. Gout suppressed has brought on inebriety, but when it returned drunkenness declined. Intermittent and malarious fevers have been followed by this disorder, and the medical attendant has been blamed for causing it, by prescribing stimulants. Persons suffering from acute rheumatism, after the severe symptoms have subsided, have exhibited the same affection. Diseases of the skin and renal disturbances have been noted as preceding drunkenness. * * * * * *

An unbalanced mind resulting from a misdirected education is the common cause of inebriety. Where the laws of growth and elementary power are untaught, and the child grows up without any purpose or object in life, the faculties undisciplined, the appetites and tastes indulged, no system, only the gratification of the physical wants, no particular knowledge, the love of excitement constantly stimulated, and self-esteem encouraged; add to all this predominant passions, extravagant and capricious desires, and drunkenness is almost sure to follow. The present system of cramming and over-stimulating children, in the study of imperfect text-books, in worse surroundings, lays the foundation for both physical and mental dyspepsia, hypochondria and dipsomania. Two-thirds of our graduates leave the schools with unnatural and perverted tastes, feeble will-power, and ignorant eccentricities, strongly predisposing them to inebriety; all they need is the exciting cause; the fertile field is prepared to receive it. The perpetuity of the race depends upon the education received, from both school and parents. If the child grows up surrounded with unnatural morbid influences and ignorant indulgences, and worse school education, its ruin is inevitable. * * * * * * *

All unhealthy mental, physical and social surroundings, continuous excitement, and dark, damp, low places of residence, are noted for the inebriety which springs from them. Whatever climate or season, combined with external causes, checks or perverts the normal development of mental or physical life, becomes the exciting cause of inebriety, insanity and imbecility.

* * * Unsanitary conditions, of every description, react first on the nutritive functions, then on the will-power. I believe further study will show that the nutritive perversions of inebriates frequently begin in imperfect oxidation of the blood and the inhalation of noxious impurities. In this respect our reformatories, asylums and prisons are criminally wanting. To attempt reformation or treatment in damp cellars, or rooms badly ventilated, is to ignore the predisposing causes, and fix and intensify the derangement. Cases are on record of men confined for a few months in a prison, previously temperate, who, on coming out, became furious drunkards. The New York State Prison Association mentions this fact, and the explanation is evident in the poor quality of food, and bad, unhealthy surroundings, strongly favoring this termination. The almshouses and poor-houses of the country furnish confirmatory evidence. Children and young people, who have by any misfortune been confined in them, may be said to have, as a rule, decided tendencies to drunkenness. Older people, past the middle of life, who come to these places, go away with the same perversions. Cellar occupants and those of tenement houses (where nearly all the conditions of health are wanting) are inebriates as a rule; separate them from these baneful influences, and reform or recovery follows naturally, in many cases. Working rooms, such as factories and shops, are often nuclei for the same causes. Sleeping and living rooms may present conditions which bring on disturbed nutrition, and then the train of causes is put to work. The sympathy between the stomach and brain is so intimate, and the changes which take place so obscure, that inebriety may break out as the result of long and continuous abuses of the surroundings. * * * * * * *

A brief summary may be indicated as follows:—

1. Inebriety or dipsomania, as a mental and physical disease, always is preceded by some special condition, circumstances, or event, or alteration of structure.

2. As in other diseases, the causes are numerous and complex, either acting alone or together, increasing or diminishing, depending upon conditions not well understood.

3. Its hereditary character and diathesis present many positive indications, which forecast its progress, and render its study a practical necessity to every student of science.

4. As a stage or symptom of other disease, or a sequence, its causes and progress may be more obscure, but they have certain definite beginnings and endings, which a more accurate study will reveal.

5. As a disease of accident or coincident, and circumstances or surroundings, its history and growth may be anticipated at every stage, and its result foretold with certainty.

6. Inebriety affecting the nutritive functions first, and after that the mind, or vice versa, offers the widest field for research, and its pathological and therapeutical relations extend over the entire realm of social and mental science.

The *Half-Yearly Compendium of Medical Science*, for January, 1876, is now ready. It contains a carefully selected series of articles, none of which have appeared in the Reporter, treating of all branches of the theory and practice of medicine and surgery.

Editorial Department.

Periscope.

The Ether Spray as an Anæsthetic.

In the *Lancet*, Mr. Thomas Moore, M R.C.S., recites the following case of excision by the scissors under ether spray:—

A maiden lady, aged sixty-four, came, on September 9th, from a town fifty miles distant, to place herself under my care. She was suffering from a very hard scirrhus tumor of the left breast, rather larger than a turkey's egg, which she had first noticed eight months before, when it was as large as a walnut.

On the 14th of September the operation was performed as follows:—First a spray of common ether was directed on to the breast for five minutes; then two sprays of anæsthetic ether were directed—the one by Mr. Cross, and the other by our assistant, Mr. Bayfield—on either side of the tumor, for five more minutes, until the whole breast was frozen quite hard. I then, after making an angular cut in the skin at the outer margin of the tumor, carried the lower blade of the cutting-scissors deeply down through the breast until it appeared to rest upon the pectoral muscle. Then, keeping this blade as deep as possible, I easily cut the lower flap, about an inch from the tumor, with three or four strokes of the scissors. The upper flap was cut as easily. I next thrust the fingers and thumb of my left hand deep into the wound, and, grasping the tumor firmly, raised it as far as possible from the pectoral muscle. It was then easy to detach it with a few strokes of a pair of tooth-edged scissors. The operation so far was completed in less than three minutes from the time of the commencement of the first incision, and was attended with very little loss of blood. When the spray was withdrawn there was some hemorrhage from three small vessels in the tissues which had been cut by the sharp-edged scissors, two of which were treated by torsion, and the other tied with silk, the ends of the ligature being cut off short. The edges of the wound were brought together by six sutures, and each of the twelve spots through which the needle was passed was previously separately frozen by the spray.

My patient, who declared beforehand that she was extremely sensitive to pain, gave very little indication of having felt any during the operation, and said afterward that "it hurt her, but not a great deal." That her estimate of her extreme sensitiveness was correct (and indirectly the success of the anæsthetic) was proved by the fact that, during the introduction of one of the sutures through a part of the skin which had been accidentally insufficiently frozen, she cried out loudly, and declared that this "hurt her worse than all the rest put together."

The wound, which was dressed with oiled lint and cotton-wool, united by first intention, except in a spot where I had made a slight notch at the junction of two cuts of the scissors, and at the place of the first incision; but there never was more than just enough discharge to moisten the dressing, and that was entirely dried up by the sixteenth day. The patient was confined to her bed for one day, and to her bedroom and an adjoining sitting-room for a week.

The scissors used for making the first incisions were ordinary "elbow-scissors," with the blades inclined to the handles at about a third of a right angle; those for making the deeper incisions were tooth-edged and slightly curved "on the flat of the blade."

Morphinism and its Management.

Dr. Lewinstein, as we learn from the London *Medical Times and Gazette*, has given the name of morphinism to the effects of chronic poisoning by this drug. The diseased condition thus produced, he observed, although it has become developed only within the last decennium, has assumed an extension which threatens to become formidable. With the exception of the induction of fatty degeneration, in all its main features it greatly resembles the condition induced by chronic alcoholic poisoning, so that there is even a delirium tremens morphii, analogous to the alcoholic delirium. While alcoholism especially affects the lower grades of society, however, the victims of the morphia disease are found amidst the circles of the educated. By reason of the abuse of this drug, grave disturbances in the functions of the entire nervous system are induced; and the original causes of the production of this diseased condition, and of its extension, are the doctors themselves, who have accustomed patients to resort to the use of injections for the relief of painful affections of more or less short duration.

Examining a long series of cases, Dr. Lewinstein finds that scarcely 25 per cent. recover, the greater portion relapsing. In two cases death followed on the marasmus that had been induced, two were terminated by suicide, and five became drunkards. The treatment of the affection chiefly consists in the withdrawal of the morphia, and this is best effected suddenly rather than progressively, the economy supporting an energetic procedure of this kind more easily than one more gradually conducted. The treatment of such patients requires much personal devotion on the part of practitioners, and is a difficult and thankless task. In the worse cases of this kind the deprivation of the morphia is not possible, unless they can be

treated as prisoners. Complete isolation is then necessary, as is constant watching by educated persons inaccessible to bribery. Windows and doors must be carefully closed against the outer world. Articles of clothing, the furniture, and cupboards must be repeatedly examined; for it is characteristic of these patients that, even when they enter an establishment voluntarily, to be cured of their propensity, they bring with them a good supply of morphia and several syringes! All promises, the most solemn assurances, and the word of honor given by these patients, should be distrusted by their attendants. The morphia disease depraves the character of its subjects, and the best educated and most intelligent persons do not hesitate to resort to any means of deception in order to conceal the morphia they have or to obtain a new supply. If the physician be energetic, watches his patient without intermission, and has honest attendants under his control, the worst part of his task is over at the end of the first week. Twelve hours after the deprival of the morphia a collapse usually ensues, and the patient may be allowed to keep his bed. If he passes over the first forty-eight hours without moaning and repining, and is able to eat, while his countenance seems fresh, he has, in spite of all his denials, obtained a supply of morphia; and the persistence of contraction of the pupils, with the absence of diarrhœa, will soon confirm any suspicions that may be aroused. During the first six days, the patient should not be debarred the use of strong and stimulating wines; and even women then require large doses of alcoholic drinks. Prolonged baths may be employed for the relief of neuralgia or for promoting rest at night, and if too great collapse does not exist they may be accompanied with cold douches. The diarrhœa which always ensues immediately on the arrest of the morphia, if it become exhausting, may be treated by large enemata of blood-warm water.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The excellent article by Dr. Lewis A. Sayre, in the *Transactions* of the American Medical Association, on Spinal Anemia, with Partial Paralysis and Want of Coördination, from Irritation of the Genital Organs, has been reprinted in pamphlet form. Application may be made to the author.

——The "Journal of Mental and Nervous Disease," formerly published in Chicago, will hereafter appear from the well-known house of G. P. Putnam's Sons, New York city. It will also be increased in size, as compared with the former volumes, each number containing from 160 to 200 pages of closely-printed matter. Corresponding to its increase in size, the subscription price will be increased to five dollars per annum, or one dollar and fifty cents a number. A number of minor changes will be made in its arrangement, which will all contribute to render it more attractive and useful than before.

——The Series of American Clinical Lectures, edited by Dr. E. C. Seguin, contains in the last two numbers a lecture by Dr. H. C. Wood, Jr., on the Diagnosis of Diseases accompanied with real or apparent Paraplegia without marked Muscular Degeneration, and one by Professor Flint, Sr., on Pneumothorax.

——Professor William A. Hammond has added another to the list of his original observations in histological pathology, by an article on Pigmentary Deposits in the Brain resulting from Malarial Poisoning. It is reprinted from the *Transactions* of the American Neurological Society, 1875.

——*Scribner's Monthly* is one of the most welcome of our exchanges. The illustrations are the best of the art, and Dr. Holland is certainly one of the most successful of editors. His serials are of unrivaled interest. Every family should have Scribner's Monthly.

——*Littell's Living Age* grows better every year it lives—a truly *living* magazine. It fills a place in the literature of a family that no other publication can supply. Published by Littell & Gay, Boston, Mass.

——Dr. Lenox Hodge has published, through Lindsay & Blakiston, of this city, a "Note-Book for Cases of Ovarian Tumors and other Abdominal Enlargements." It is a pamphlet of thirty-six pages, with diagrams and blank forms, and will be found very useful.

——"Hermaphrodism, from a Medical Point of View," by Basile Poppesco, is the title of a Paris thesis, translated by Dr. E. W. Sawyer, and published by Keen, Cooke & Co., Chicago (forty-five pages, price fifty cents). It is thorough, and the translation has rendered the original with spirit and accuracy.

——We have received—

Twenty-third Annual Announcement of the Medical Department of the University of Vermont.

Report of the Gynecological Hospital, Philadelphia.

Report of the Nebraska Hospital for the Insane.

THE

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A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M. D., EDITOR.

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THE PHYSIOLOGICAL ASPECTS OF RELIGIOUS EXCITEMENT.

One of the tasks which an enlightened hygiene sets before us is the subordination of the passions and emotions to the intellect, which is, physiologically speaking, the subjection of the other nerve centres to those of the hemispheres of the brain. Professor Dalton lays it down, in the last edition of his treatise on Physiology, as a well-ascertained fact, that these hemispheres, even in man, are not indispensable to life. Their function is that of *conscious intelligence*, and through this mental faculty man reaches that superiority to other animals of less developed cerebra which gives him the command of the earth.

Sensation and passion are located, for their physical seats, at the base of the brain. They are possessed by man and brutes as a common heritage; and his endeavor should be to hold them ever under subjection to the self-conscious reason. Just in proportion as he does so, does he benefit himself and others, lengthen and enrich his life, purify and clear his ideas. The progress of civilization is marked by a decadence of violent emotions. Revenge, such as that which maintained the hereditary feuds of the Middle Ages, is now hardly known. Castren tells of the Lapps and Finns, that when one makes a sudden, sharp noise, the whole company may fall into convulsions. Epidemic hysteria, or some such neurosis, swept off whole villages of the North American Indians. Seized by it, they burned their huts in midwinter, wounded and slew each other, and sank exhausted, to perish of cold.

In the contemplation of the numberless examples of the injuries worked by allowing the emotions to get ahead of the intellect, the inferior nerve functions to overmatch the higher, lies the objection which physicians as a body entertain to religious revivals. It should be maintained by all physicians, as a maxim abundantly confirmed by experience and consonant with sound physiology, that no good can come, in the long run, from emotional storms. The first duty of every reasonable being is to cherish, beyond all else, that faculty of reason, by which alone he is able to distinguish the true from the false, correct from incorrect statements. The "Spirit of Truth" is the bequest which was left to the Christian by Him from whom he receives his name, and no one should teach in a way to darken or diminish this glorious power.

Religion has at all times appealed to the emotions, and should continue to do so. But the wild Bacchic chants and dances, the orgiastic tumults which marked pagan ceremonies, never purified its theories. Neither did the intense fanaticism which Mohammed knew how to inspire. Not any more do the shouts and yells, the nervous spasms, the floods of tears, and neurotic seizures which we personally have witnessed at camp-meetings and revival services. Such displays are as much against sound hygiene as sound religion.

Some have said that such subjects are not proper to discuss in scientific circles. We maintain that they are, and that it is the bounden duty of every medical man, as a member of a body who have in charge the public health, to study up the subject, and to express his opinions. A man who is afraid to talk on religious subjects either has no clear views and is superstitious, or else, having them, he is afraid they are not true.

The revival which took place last summer in England has attracted, and properly, the attention of physicians. Its most satisfactory feature is, that it has been attended with less of that "wild-cat religion" which used to be so familiar in the Western States. Just in proportion as this objectionable feature is reduced, will its effect be beneficial. There are several counties in Central New York now called among circuit preachers the "burnt-out district." It is impossible to get up any religious enthusiasm there. The reason is, that some twenty years ago there occurred in that district one of the most violent emotional revivals on record, and since then all real religious fervor is "played out."

Dr. George H. Savage, assistant medical officer of Bethlehem Hospital, has collected the cases admitted into that institution during the four months of the "Moody and Sankey" services, and compared them with the admissions during the same months of the two previous years. There was an increase in the number of admissions during 1875, and three cases were thought to be traced to the excitement of the late revival; but Dr. S. adds:—

"I cannot say that I see grounds for supposing many cases were rendered insane by the recent revivals. Many persons were no doubt upset for a few hours, rendered very wretched, and for a time determined to lead a different life. The good done is not for me to discuss; it may have been small or great, temporary or permanent; in the majority of cases, the storm was of short duration, and did little harm."

Dr. S. thinks that, though religious revivals do small harm to the able-minded, there is danger to those who are weak; but, of course, as much as this might be said of any cause f mental excitement. He remarks:—

"A person of weak mind may change his creed, and finally become a religious lunatic. We have at present two cases of men who have changed from Protestantism to Roman Catholicism just on the eve of an outbreak of insanity. The history of one is interesting, as it is that of many similar cases. A. T., the son of a Church of England clergyman, single, aged twenty-five, whose mother is insane. He was precocious, and had the vices of a man before he was seventeen. He wasted his own money and that of his friends, and was a 'black sheep.' He becomes contrite, or I would say melancholy, becomes a Romanist, and wants to be a priest. He is emaciated with fasting and self-abuse, and restless, constantly repeating some such word as 'immaculate.' He may be considered in an ecstasy by some. We look on him as an acute maniac."

Notes and Comments.

Therapeutical Notes.

CHLORAL IN OZÆNA.

At a meeting of the Société de Thérapeutique, M. Créquy strongly recommended chloral as an injection in ozæna, in the proportion of two parts to 250 of water. He places a caoutchouc tube in the vessel containing the solution, and, raising this above the patient's head, allows the fluid to pass into the nose by siphon action. Several members of the Society testified to the utility of the solution as an application in scrofulous and fetid ulcers, in the eschars produced by decubitus, etc.

TEETHING APPLICATION.

The following is recommended in cases of painful dentition:—

℞.	Syrup of tamarinds,	ʒijss
	Infusion of saffron,	℥ij
	Honey,	ʒijss
	Tinct. (essence) of vanilla,	gtt.iv. M.

Rub gently over the gums with the finger or rag. An application of a similar character is the following:—

℞.	Saffron (powdered),	gr.iv–vj
	Honey,	ʒij–iij.

Glycerin may be substituted for the honey.

Ergot of Rye as an Antipyretic.

M. Hayem reports, in the *Revue de Thérapeutique*, a trial of ergot of rye in cases of enteric fever, with the object of lowering the temperature. The results he has obtained have been very satisfactory, and its employment in this disease seems to him preferable to that of sulphate of quinine or of digitalis. Under the influence of ergot there is much more rapid defervescence; and at the period of the acme, instead of there being a rise in the temperature chart, a plateau is obtained. In some cases in which the ergot was only given during the day, the evening temperature was not so high as the morning. The dose varied from thirty to fifty grains in the twenty-four hours.

The Eucalyptus Globulus in California.

Dr. L. D. Morse, of San Mateo, California, sends us some leaves of the Eucalyptus, grown in that locality. He writes, December 30:—

I enclose specimens of the leaves of the eucalyptus globulus. These specimens are from the same tree. For the first two or three years' growth, to the height of eight to twelve feet, the leaves are broad-ovate, cordate, nearly or quite opposite, without petioles, almost clasping, glaucous. The later growth, above the height named, the leaves are always alternate, somewhat falcate and smooth, as you will see in the specimen. It is evergreen, and appears odd and peculiar

Correspondence.

Typhoid Fever Probably Caused by Infected Milk.

Ed. Med. and Surg. Reporter:—

Some time ago an article appeared in the London *Lancet*, showing that it is highly probable that typhoid fever may be spread by milk exposed to the emanations of typhoid fever patients. As further evidence in the same direction, I communicate the following:—

In the month of August last, a young man, sick of typhoid fever, was brought to his father's house from Philadelphia. The fever has prevailed at this house up to this date, with intervals of a few weeks between some of the cases, five in all, of which one died on November 22d.

On November 26th, I was called to my first case outside of this family, and from that date I have seen about twenty-five cases, occurring in about twenty different families, and spread along a narrow tract two miles long.

Every one of the families had been supplied with milk obtained at the first-mentioned place. There had been no epidemic before the case was brought from the city, and there has not been a single case in the neighborhood where other milk was used.

On investigation, it was found that the washing of this sick family who sold the milk was done at the spring-house where the milk was kept prepared for sale. The clothing of the sick and of the one who died was washed in the same boiler as were the pans and cans in which the milk was kept and served. The clothing lying around before being washed may have been another source of infection. The sale of this milk was stopped, and there has not been a new case for about two weeks.

S. P. Bartleson, M. D.,

Kellyville, Pa., January 11, 1875.

The Atmosphere in Antiseptic Surgery.

Ed. Med. and Surg. Reporter:—

In a recent editorial article you made the assertion that it is an object in the surgical dressings of Prof. Lister "to protect wounds from the atmosphere;" but afterward, in reply to a communication of mine, correcting the erroneous impression likely to be produced, you made the statement that you meant solely protection from germinal matter contained in the air. A communication from Dr. Sibbet has since made confusion worse confounded, by reasserting the original apparent error. Dr. Sibbet states:—

1. That Prof. Lister's dressings do not allow of contact with the air.
2. That the antiseptic gauze does not allow of atmospheric permeation.
3. That Prof. Lister attempts to actually exclude the atmosphere by carbolized spray.

Now, I will show that all these statements are absolutely erroneous. Dr. Sibbet and myself have witnessed Prof. Lister's practices in dressing wounds, and as the subject is now a matter of evidence, in which Dr. S. is surely as credible a witness as I am, we will allow Prof. Lister to speak for himself. It will be sufficient, to avoid repetition, to give a few quotations of Prof. Lister's own expressions.

In the Edinburgh *Medical Journal*, August, 1871, he says:—

"While speaking of the advantage of gauze, there is one other to which I cannot forbear alluding. If you apply this mass of it, consisting of thirty-two layers, closely to the face, you find that you can breathe freely through it, as through a respirator. Hence, one great advantage of this dressing will be that it will deprive those who discuss the antiseptic treatment of all excuse for speaking of it as operating *by excluding the air. We do not exclude the gases of the atmosphere at all*, but adopt efficient means to destroy the energy of its floating ferments."

In the British *Medical Journal*, July 18th, 1868, Prof. Lister remarks:—

"If any one believes that putrefaction, through atmospheric influence, is due to the operation of the atmospheric gases alone upon the putrescible materials, he will be perpetually meeting with the most perplexing anomalies, and will be liable to

commit the most serious practical blunders; the truth being that, on the one hand, the most complete exclusion of the gases of the air affords no security against the occurrence of putrefaction, and that, on the other hand, the freest admixture of air into the putrescible contents of a wound or abscess will fail to induce putrefactive changes, if the germs of that air have been removed by filtration or deprived of vitality by a germ poison."

As to the idea of Dr. Sibbet, that Prof. Lister "uses the carbolic spray to exclude the atmosphere," I will merely remark, that the spray is merely the atomization or pulverization of an aqueous solution of carbolic acid *in the atmosphere.*

Although I use antiseptics in my surgical practice in the Pennsylvania Hospital, yet I do not attempt to follow Prof. Lister's methods, nor have I fully adopted his views; but, as far as is practicable, do make efforts to prevent putrefaction in wounds. I recognize the fact that putrefaction is one of the most active elements in the production of inflammation and its consequences; and without being able to decide the question whether the cause of putrescence is *germinal* or *chemical*, I am convinced of the value of antiseptics in its prevention.

Philadelphia. R. J. Levis, M. D.

Remarkable Case of Paralysis with Aphonia.

Ed. Med. and Surg. Reporter:—

A brief account of the following singular case may interest your readers. Mr. Frederick Luke, of Woonsocket, Rhode Island, aged about 40 or 45 years, was affected about twenty years ago with some obscure spinal disease, which at the end of one year left him entirely speechless. This was accompanied by intense hyperæsthesia, extending over the whole surface of the body, so severe that even the weight of any article of clothing was utterly unbearable.

In this condition he was compelled to remain for a long time, but was finally enabled to resume a part of his clothing. During this time his only covering was a small strip of cloth thrown about the loins. At the time he was deprived of his voice, he was affected with loss of power over the muscles governing locomotion, and was obliged to go about upon his hands and knees. This also lasted until some time ago, when he regained this power sufficiently to enable him to walk in the erect posture, occasionally, however, touching a hand to the floor or ground.

Conversation he carried on by means of various signs and a child's alphabetical card, from which he spelled each word. Before he permanently lost it, his voice was in the habit of instantly leaving him, returning again in a few minutes. He has had constant dyspnœa, which was greatly increased when in the recumbent position, so that he has not slept upon a bed for years, only catching sleep while sitting in a chair, standing, or otherwise. In winter he breathes much more freely, but in summer, or damp weather, it is very difficult, and accompanied, he says, by bleeding from the stomach. On the 29th of December last, about one o'clock in the morning, he felt a terrible pain, extending over the chest, and accompanied by a violent fit of coughing, at the end of which, strange to say, he spoke aloud. He found himself uttering his own thoughts.

He retains control of it up to the present, but it is still hoarse and feeble, although improving gradually. As yet, it requires some little effort to speak properly. During his sickness he was variously treated by a number of physicians, but without avail. What their diagnoses were, or what treatment was instituted, I am unable to say.

So far from this being a mere newspaper report, I will say that I am acquainted with the gentleman, and know it to be a fact.

Philadelphia, Pa. F. L. Weir, M.D.

News and Miscellany.

Philadelphia County Medical Society.

The next conversational meeting of the Philadelphia County Medical Society will be held Wednesday, January 26th, 1876, at 8 o'clock P. M., at the hall of the College of Physicians. Dr. A. D. Hall will read a paper on "Peeps at Cerebral Pathology, through the Ophthalmoscope." The profession is cordially invited.

Suicide Statistics.

In New York, last year, the number of self-inflicted deaths, so far as actually known and reported, was 143; or nearly the Paris average, allowing for the difference in the population of Paris and New York. Much the largest number, fifty-three, sought death by poison. Commenting thereon, the Hartford *Times* observes:—

"It is strange to note how many take this dreadful method of getting out of a world of misery or something worse, and stranger still to note that in so many cases the kinds of poison selected are those which produce intense and sometimes protracted agony. We are not sure that even the supposed quiet lapsing into sleep, and unending stupor, for which laudanum is sought by some persons contemplating suicide, is quite what it has been supposed to be; the swollen veins, the darkened face, the stertorous breathing, all may bespeak a condition of peaceful unconsciousness; but they certainly seem to indicate a state of suffering, smothered and obtuse it may be, but suffering of some kind, nevertheless.

"The quicker death by the bullet, usually by the pistol-bullet in the brain, allured no fewer than forty of these "rashly importunate" seekers after annihilation. They seem to have made sure work of it; but several cases during this same year 1875 seem to compel doubt as to the previously established belief that a bullet in the brain must virtually always prove

fatal, and quickly fatal. Even the pistol (except in the hands of a very well-informed and cool person) cannot be relied upon by the would-be suicide."

The British Medical Defence Association

Has been in existence for about a year. A meeting was held lately, in London, with Dr. B. W. Richardson in the chair, when the objects of this Association were explained. The main object seems to be to get more power from Parliament, in order to ensure shorter and easier methods of "putting down quackery." Dr. Richardson "understood that the promoters aimed at the suppression of unqualified practice, quack medicines, indecent publications, bogus diplomas, and improper alliances of qualified and unqualified men; that they wished to protect medical men from vexatious prosecutions, and to prevent the registration of 'non-certified' deaths, to correct the abuses of out-patient practice at hospitals, to devise a fair tariff of medical fees, and to give medicine a firmer political basis in the House of Commons."

Stanfer's Hard Rubber Instruments

Sold through this office, in 1875, in larger numbers than in any preceding year, and from reports received, seem to have given universal satisfaction. They are very carefully made, and deserve the full confidence of the profession.

Personal.

—The article on page 38 of this volume was by Dr. A. F. Carr, New Hampshire, not A. T. Carr, Maryland, as the type had it.

—Dr. O. F. Cobb was sentenced at Troy, N. Y., January 12th, to imprisonment in the penitentiary for six months and a fine of $50, for improperly disposing of the remains of two dead infants.

—Medical Inspector Dr. John Mills Browne, U. S. N., attached as fleet surgeon to the flag ship Pensacola, of the North Pacific squadron, has been elected Masonic Grand Master of the State of California.

Items.

—Dr. Donolly, of Doddville, N. C., reports a severe epidemic of influenza and catarrhal fever in that district.

—The semi-annual meeting of the Southern Illinois Medical Association took place at Cairo, January 19th and 20th.

—The Adams County (Pa.) Medical Society met January 4th, at Gettysburg. Dr. J. W. C. O'Neal presented a history of the Gettysburg Katalysine Spring, with a recital of its medicinal powers and a comparison with celebrated waters abroad.

—The New England Psychological Society is the name of a new organization started by Dr. B. D. Eastman, of the Worcester Lunatic Hospital, and embracing the superintendents of similar institutions in the New England States. Pliny Earle, M. D., of the Northampton Lunatic Hospital, is the President, and Dr. Eastman the Secretary and Treasurer.

QUERIES AND REPLIES.

Dr. M. B, of Ind.—No monograph on sea-sickness has appeared lately. Articles on the subject may be found in Reporter, Vol. xxxii, pp. 156, 291.

Dr. J. E. S., of La.—Ashhurst, "Injuries of the Spine," $1.50; Winslow, "Disease of Brain," $4.25; Jones, "Nervous Disorders," $3.25.

OBITUARY.

DR. SAMUEL GRIDLEY HOWE,

Whose death was recorded in our last number, was born in Boston, November 10th, 1801. He graduated at Brown University in 1821, and at once qualified himself for the medical profession. In 1824 he joined the Greek army as military surgeon. During the famine which visited that unhappy country at the close of the war, Dr. Howe procured large supplies from the charitable in this country, the distribution of which he superintended in person. He left the country in 1830, and he witnessed the revolution of July at Paris, and that which subsequently broke out in Brussels. He returned to this country in 1831, and at once connected himself with the Boston Blind Asylum. Subsequently he returned to Europe, when he became President of the Polish Committee at Paris, and rashly undertook to convey funds for the relief of the Polish detachment which had crossed into Prussia. While thus engaged, he was arrested and thrown into prison, where he remained for six weeks. Upon his release he returned to Massachusetts. In 1848 he took an active part in founding the experimental school for the training of idiots. In 1871 he was one of the members of the commission appointed by President Grant to explore San Domingo, and report on the question of its annexation. Dr. Howe published numerous pamphlets, addresses, and appeals, a historical sketch of the Greek revolution, and other works. He had not been well for several years, and after his return from San Domingo he felt the old symptoms gradually coming back upon him, and as he was more than seventy years old the burden was as much as he could bear. He spent last summer on his estate in Rhode Island, returning to South Boston in October. All this time the vital forces were wasting to a great degree, and finally resulted in softening of the brain, the immediate cause of death.

MARRIAGES.

Clark—Cameron.—On the 13th instant, at Grace Church, by Rev. William Suddards, D. D., Dr. Paris G. Clark, of Guilford, N. Y., and Josephine R., daughter of the late Eli Cameron, of this city.

THE

MEDICAL AND SURGICAL REPORTER.

No. 987.] PHILADELPHIA, JAN. 29, 1876. [Vol. XXXIV.—No. 5.

Original Department.

Communications.

SYPHILIS AS MET WITH IN GENERAL PRACTICE.

BY T. CURTIS SMITH, M. D.,
Of Middleport, Ohio.

In the general practice of medicine in large cities, there would, doubtless, seem to be good reason for looking into every case met by the practitioner, to determine whether there does, or does not, seem to be any taint from syphilis. In small city, town, and country practice, the impression prevails very largely among physicians that there are comparatively few cases of syphilis met with, except during the time of the initial lesion. My experience, based upon an observation of fifteen years, is, that the profession, if well schooled in the diagnostic features of syphilis, in its numerous and varied phases, will find this disease proportionately as frequent in the one place as the other. The initial lesion is no doubt more frequently met with in the large cities, for the reason that a very great many who become diseased go to such cities, where they can hide among the multitude and be treated.

We frequently meet with persons who are sorely afflicted with syphilis, under the guise of some other disease, or in some ill-defined shape, well calculated to mislead the unwary physician. No class of cases, in my experience, is more deceptive, and yet few deceptive cases are more easy of correct diagnosis, when once the proper line of investigation is taken up. But to understand their symptomatology and treatment, requires pretty thorough knowledge of the varied forms in which syphilis presents itself to our view. It is very necessary to know that the disease quite often pursues a course altogether at variance with its usual one, either with or without treatment; and also that it may assume the exact symptoms and appearance of other diseases to such an extent that even a specialist, without the patient's syphilitic history, may overlook the real nature of the trouble. Again, it is, in my opinion, very essential to know that when syphilis is once contracted it is never cured, *i. e.*, the patient once and forever afterward is syphilitic. A disease that is liable to show its ugly head "forty-five years after the last vestige of it has been seen previously," cannot well be considered one that we can ever feel assured is entirely eradicated. I think the idea set forth by Fournier is the correct one, viz., that when a patient presents with an initial syphilitic lesion, it is our duty to give him at once to understand the full nature of his disease and of its incurability, but with the statement that months and years of systematic treatment may so far eradicate the poison that it will never present itself during the lifetime; but, as parting advice, we should tell the patient that, whenever and wherever he may be taken sick, he should always inform his attending physician that he had once suffered from constitutional syphilis. While this information may often be of no value in understanding the full nature and treatment of his case at the time, it nevertheless may, at some unexpected moment, become of very great import, and the information may serve as a key to the removal of diseases

that the syphilitic cachexia is serving to prolong or increase in intensity.

To me nothing seems more nearly true than this idea set forth by this eminent French syphilographer, and now often taught in our text-books and schools.

Such doctrine being true, no point in practice needs to be more constantly held before the mind than the "incurability of syphilis," connected with the undeniable fact that we are continually liable to meet with it in unexpected places, and that we *are* so meeting with it.

Premising these remarks, it may be asked, how shall we know when we meet with it, if its forms are so varied, and often so similar to other diseases in symptoms, or, at least, forms an active factor in prolonging such diseases? I confess my inability fully to portray all its forms, but there are certain positive and certain negative evidence on which we can base an opinion as to whether the system is syphilitic or not. It is worse than useless, in the vast majority of instances, to ask the patient, for, whether he has ever been syphilitic or not, he will almost invariably give a negative answer. Few men who have been treated for it have been told of its incurable nature; most have been informed that they are, or can be, radically cured. Some physicians are honest in this belief. How they can be so misled is beyond my ken. But, in any case, the patient supposes he has been thoroughly cured, and therefore he is insulted when asked if he ever was so afflicted, or, if not insulted, he thinks it is not any part of his present attendant's business to know whether he was ever so diseased or not. Others, knowing they are not entirely cured, nevertheless lie to the physician if asked for information on this point. Some will have the good sense to tell the truth without ever being asked to do so. For these reasons I deem it wise to say nothing on the subject to the patient, but go on and examine for the symptoms that can be relied upon. I do not care whether a patient says no or not; if he says no, I don't take his word for it for a moment, but examine for myself. If he is frank enough to say yes, then a history may throw some light on the present phase of the case, and give some advantage in the treatment. For evidence of the constitutional existence of the disease, we are generally compelled to rely on such information as we can gain from the patient's previous history, the condition of the glandular system, of the nails, the eyes, the hair, and the presence or absence of a cachectic condition. When symptoms are present, they can often be diagnosed by their peculiar character, color, etc.

When we find an adult with enlarged post-cervical glands, and the glands feel hard and bullet-like, it is a quite positive evidence of infection. But, unfortunately, we meet with many cases that have no such enlargements, but who are clearly syphilitic. Often in such cases we will find Sigmund's gland enlarged and tender. This is considered by good authority as a pathognomonic symptom of the disease, and I have no reason to dispute it, thus far. Both of these being absent, and no eruption being present, we may look for evidence in the throat, and take the history of the throat and skin diseases, and also the history of any and all complaints ever treated in his case. In some of them we may find enough links to greatly help us in deciding whether such disease is present or not. The nails are often brittle in very old cases, and break off constantly, half up to the roots, and assume a general unhealthy appearance. A description of the syphilitic cachexia can be had by reference to almost any text-book on the subject, but it is not as easily distinguished as many other symptoms may be.

In children, the most constant symptoms are a shotty feel imparted to the fingers by the post-cervical glands, the presence of notched teeth, eruptions, a tendency to scrofulous sores (so called), with a general cachectic appearance not easily described. If these symptoms can be connected with a syphilitic history in the parents, one or both, they at once assert their value. That these are positive signs of congenital syphilis, in every case, I am led to doubt, for I am satisfied I have occasionally observed post-cervical induration, and pegged teeth in at least two instances where no paternal taint existed. Whether a generation had been skipped, syphilis having existed in grand-parent or grand-parents in these cases, I have not the means of ascertaining. I am, however, quite convinced, from observation, that the disease may fail to appear in one generation, but appear in the next following, the same as any oth r constitutional diseases. So that in the very few instances where the family history of the parents was well known, as far as themselves were concerned, it may be, after all, t' at the origin of the disease was in the

grand-parents, and that the children were syphilitic.

A strong negative point in the diagnosis of all doubtful cases, where, however, there are a few, but often no symptoms of the disease to be observed, and no syphilitic history known, rests in the fact of rapid recovery under anti-syphilitic treatment. I know this argument goes for nothing with many, but with me it stands on a par with a tolerably but not absolutely certain chemical test, only requiring corroborative proof to establish certainty of diagnosis. A few instances from general practice may give a more nearly correct idea of how often we meet with it under hidden forms, as well as in open and plain instances, yet not known by the patients themselves or their attendants.

A lady patient came to see me some months ago, whom I had often attended in the course of my practice. She was usually in good health, stout frame, with every reason to suppose, up to this call, that she had never been contaminated. At this call she complained of severe pain over the right tibia, about four inches above the ankle. Inspection found no swelling of bone or soft tissue, nor any redness, no eruption anywhere on the body, no glandular enlargements of neck, groin, nor at the elbow. Nothing whatever was complained of but this pain in a spot that could be covered with the tip of the finger, the pain being most severe through the day. Had the suffering been most at night, that alone would have been sufficient to arouse suspicion. I pronounced no opinion, but thought it to be probably a periosteal neuralgia; advised rest, with no medication except an internal anodyne when the pain was severe. In a few days the patient returned. Now the symptoms had become aggravated; the pain was much more severe; there was a slight degree of swelling, and at the site of the pain, and for a considerable distance around it, a light-red diffused eruption. I had suspected syphilis at the first visit. I now felt sure of the correctness of that suspicion, even on this light evidence, connected with a history running back two years. Two years prior to the time mentioned this lady had remained for six months on a visit in a neighboring city. During this time I knew of her being quite sick, and upon her return was, for her, quite weak and emaciated, but seemed much more troubled in mind than in body. She soon, however, regained health and vivacity. During these same six months her husband was laboring as a mechanic in a distant city, and had seen his wife but once during the time. Prior to these two years she had borne two fine, healthy children. But within the two years she had suffered two miscarriages, without being able to assign any known cause for the same. These facts were enough to let in suspicion, and the present condition, connected with the premature deliveries, without known cause, were, to my mind, strong negative evidence of the specific nature of her case. I now placed her on the topical and general use of mercury. In four days she returned, stating that she had broken out all over with a rash, but it had quite disappeared. The skin over the tibia was now presenting the veritable copper-colored eruption, and an induration was found in the post-cervical region. The specific course of treatment was continued, no questions asked, and the patient soon recovered, to all external appearances, completely. The husband in this case is a very moral, upright man, as also seems to be the wife. Who was the guilty one I know not. I am satisfied this was a case of constitutional syphilis. Others may doubt it; my evidence is all negative.

Two years ago, I was called to see a man, aged 28, who had enjoyed good health previous to the present attack. For three months prior to my first call he had been told by an old and experienced practitioner that he had consumption, and that nothing could be done beyond affording temporary comfort. When I saw him he stated he had bled several times of late from the lungs, coughed a great part of the time, suffered much pain in the breast, but much more in his bones at night, so that, between his cough, pain, and want of sleep, he became greatly emaciated. Suspecting syphilis, after excluding phthisis by want of any reliable physical signs, I set myself on the hunt for evidence, and by inquiry was able to obtain a complete syphilitic history. I now examined the glands, throat, and eyes, and found every evidence needful to make up a diagnosis. A specific course of trea ment was at once adopted, in conjunction with general tonics. At first the contest seemed doubtful, but after two weeks the patient began to improve, and continued to do so till he considered himself well, and has ever since been a laborer at hard work, seldom losing a day. This case was too plainly syphilitic to have escaped any physician, yet it

had been entirely overlooked by one who was considered a good physician. Two or three similar cases could be related, but I deem it needless to do so.

Probably a year ago, I was called, with a young professional friend, to see a case that had for six months been under the treatment of one of our confrères, who himself is a successful practitioner of medicine. The attending physician looked upon it as a case commencing locomotor ataxia. A careful examination was made by all three of us. When we retired for consultation, we wrote our opinions on a slip of paper separately, and compared them. The attendant was astonished to learn that we had both simply written "constitutional syphilis," and he demanded the evidence. We had no evidence except the enlargement of Sigmund's gland, and the want of evidence of any well-marked diseased condition. The patient was placed upon a tonic specific course, and in a remarkably short time was at his trade, doing full work every day. Here, again, the proof is mostly negative, for there was but one enlarged gland that positively turned our opinions in the channel of syphilis, in this case, for diagnosis; but the result of the treatment was strongly confirmatory of the diagnosis of the consulting physicians. The patient denied infection.

In the summer of 1872 I was treating a gentleman for what gave every needful symptom of intermittent fever. I had attended his family for three years before this, without discovering any specific taint in any member of it. He was thirty-two years old, nervous temperament, worked hard at his trade, carpenter; usually had most excellent health. His periodic attacks returned with an obstinacy that seemed to me remarkable, and that, too, in the face of the most approved agents for the treatment of diseases of this class. After three weeks of such illness, I was called to see him in the night, the messenger stating that the man would soon die from the pain he was suffering. On my arrival I found a large hard node on the forehead, that was causing the most extreme suffering. Anodyne was given, large doses of iodide of potassium ordered. In two days the intermittent fever ceased; the nocturnal pains failed to return; the patient convalesced, making what we are wont to call a good recovery. The alterative, with tonics, was continued for some time afterward. The result in this case looks well toward the intermittent being kept up by the specific cachexia. Certainly the specific disease could hardly be expected to assume the type of a pure intermittent fever, but it is not, in my view, impossible that it should keep the blood depraved, thus tending to prolong the intermittent, while the intermittent probably hastened the development of tertiary symptoms. This patient, contrary to my expectations, admitted that he had been infected about eight years prior to the date above given.

In such instances, we find syphilis tending to prolong a disease with which we can suppose it to have no relation whatever in cause or symptoms; and if it will do so in such a case, why may we not expect it to influence any kind of disease with which we may meet?

Nothing is more common, it seems to me, than to find diseases of the viscera prolonged and obstinate, in syphilitic cases, even when not directly caused by it. A gentleman came under my care, three years ago, who had long been a sufferer from chronic diarrhœa. He had already passed through the hands of some very able physicians. He was intelligent, and knew most of the agents he had taken, which comprised the most valuable remedies in the treatment of this disease. He had also been faithful in their use. He had a very slight cachectic appearance, but not a single marked evidence of specific taint. His little boy, four years old, was in my office with him. I soon discovered that he had pegged teeth, shotty post-cervical glands, and on inquiry learned that he had always been puny, and subject to so-called "scrofula," and I was shown a copper-colored scar on his leg, where he had recently suffered from a small sore. From this indirect evidence I placed the father on bichloride of mercury, alternating it every third week with iodide of potassium. His diarrhœa disappeared completely, and has not troubled him since that date. Could this result have been accidental, or was it simply due to a mild course of mercury, without his being afflicted with a specific taint? Such might be possible. Again, the taint of the child might have come from the wife. At the best, the evidence of a specific taint was only negative; but when, in years of observation, we meet with many cases which under a mercurial course gradually assume a healthy type again, and often, too, in cases where mercury on any other grounds would seem plainly contra-indicated, and where, if the specific taint was not present, it would do decided injury, we cannot

well avoid the inference that probably mercury relieves these cases by neutralizing the poison that is damaging the system.

In the secondary stage, there can be no reasonable doubt of the value of mercury in affording relief. It often becomes necessary to combine its use with tonics, in order to effect relief. This is especially true in broken-down cases.

But it has been none the less true that in the tertiary stage the combined use of mercury and iodide of potassium works more favorably than either one alone. I have been somewhat surprised of late to find that this idea of their combined or alternate use was considered new; for, while I am aware that the use of mercury in the tertiary form of syphilis is loudly condemned in some of our text-books, nevertheless I have used them in this stage for several years, with much better results than the use of either one alone. Moreover, I know that other physicians here have used this combination in the tertiary stage before I did. So it is not new with me.

I have given but a very few cases from practice, in which syphilis, in my judgment, played a prominent part in the production of morbid symptoms. These are but examples, not prominent ones or overdrawn. The entire minutiæ of the cases are omitted, in order to avoid prolonging this paper.

SURGICAL SPLINTS, ESPECIALLY AHL'S SPLINTS.

BY S. B. KEIFFER, M. D.,
Of Carlisle, Pa.

There are few things which cause the general practitioner of medicine and surgery more annoyance than the delay, and not unfrequently the difficulty, in providing suitable appliances for the treatment of difficult and complicated fractures. In plastic surgery wonderful progress has been made in the last few decades; but in conservative surgery much yet remains to be accomplished, if not so much in the way of results, at least for the comfort of patients, and the surgeon's own gratification in the saving of time and other inconveniences. For the city surgeons, whose resources are more general, this question of available splints, ready at hand, is not so important; though even here it is a question of primary interest how the ends in practical and conservative surgery may be best accomplished. But for the general practitioner, whose time is greatly divided between medicine and surgery, and whose resources are quite limited, the very best, most convenient, and at the same time the most practically useful splint, is a consideration second in importance to no other. Much time and great ingenuity have been expended in the devising of surgical splints. The result has been splints in endless variety, alike as to cost, quality, simplicity, complexity, and durability; splints of exquisite finish and neatness, and splints cumbersome and unwieldy enough to be strikingly in harmony with the primitive ages. What we want is precisely that kind of splint which will meet all ordinary indications, which will be light and comfortable to the patient, and allow him the greatest possible amount of freedom, and at the same time be easy of adjustment, and, as far as possible, always ready at hand.

Of all the splints at present in use, I know of none, though I have traveled through the whole range of them, from the impromptu splint to the most complex and costly ones, equal to the "Adaptable Porous Felt Splints" recently introduced to the notice of the profession by David Ahl, M. D., of Newville, Pa. For those who have seen and used them, no recommendation can be necessary; but it is with the view of calling the attention of my medical brethren, to whose notice they may not yet have been brought, to their convenience, and wonderful utility in what may be styled the more artistic branch of the profession, that I now write. I have used this porous felt splint almost exclusively for the last four years; and besides the saving of time in providing and the adjusting of them, and the uniform comfort of the patient, the result in all cases of simple and compound fractures, of the long bones especially, as well also in fractures of the patella, the condyles of the humerus, the malleolar processes, and in dislocation of the elbow and ankle joints, have been far more satisfactory than from any other appliances used before. In fractures of the lower extremities, the starch and plaster-paris dressings bear no comparison with them; and as for the fracture-box, now almost venerable with age and service, the one who uses it in this day should be indicted on the charge of "cruelty to animals."

This porous felt splint is light and easily adjusted, and when applied, so admirably adapts itself to the inequalities of the surface,

that it will not irritate or fret the most delicate skin. At the same time, however, it is firm and unyielding after applied; and not being affected by cold or warm applications, gives the surgeon wonderful command over that class of fractures which require lotions and frequent dressings.

Two years ago the writer was called, in consultation with Dr. W. W. Dale, in the case of a boy aged ten years, who had been injured by being caught in the straps of a threshing machine. The right arm was almost literally torn from the shoulder, about three inches from the joint. The arm was twisted once round on its axis and lay along the side, and the upper portion of the humerus projected out at right angles to the body, almost entirely stripped of muscular covering. Amputation at the neck seemed imperative, but by the urgent entreaties of the mother, who preferred that her boy should die rather than lose his arm, a more careful examination was made of the parts. It was now found that the bone was not only fractured, but comminuted to the extent of an inch and a half along the shaft. The muscles were entirely severed as by a knife, except the deltoid, which was torn in shreds, portions of which were subsequently removed because they could not be replaced. The arm was held to the shoulder by a band of uninflamed integument, with its underlying cellular tissue and fascia, about an inch and three-fourths broad, and on the surface of which lay exposed the artery and nerve. Pulsation at the wrist was distinct, the forearm and hand were moderately warm, and the little fellow could slightly move the index finger. In these circumstances, by the aid of the "felt splints," we resolved upon an attempt to save the arm. Without any attention to the bone, except to allow one end to lap upon the other, the soft parts were brought together and held as well as possible with stitches, and then secured by means of the humeral felt splints, including the shoulder splint. First making in the splint a large opening over the wound, it was dressed with whisky and water dressing, and the splints were allowed to remain on five days before removing them. Three-fourths of the wound had now united by first intention. Having a perfect mould for the arm, it was only necessary in subsequent dressings to immerse the splints in hot water, in order to adapt them to the changes arising in the progress of the case. Notwithstanding the subsequent loss of several pieces of bone, one an inch long and half the circumference of the shaft, union took place by periosteal contact, and the result is a thoroughly healed arm. It has been interesting to note the gradual restoration of function, and this has now been so far accomplished as to enable him to pitch ball, use his knife, place his hat on his head, and so on, though there is still a disposition on the part of the hand to pitch forward. I know of no other splints by means of which we could have accomplished the same results.

In a recent case of fracture of the tibia and fibula, with contusion of the ankle joint, the old gentleman, who had had a similar injury before, treated, I believe, by the old fracture-box, hinted strongly at a curtailment of his bill because, for want of suffering and inconvenience, he doubted the nature of the lesion. I suggested that we would take the bill, and if it should occur to him again to have a similar misfortune, we would give him the advantage of his former experience, if he preferred it. He seemed to think, however, that, after all, the shortest and most easy way to recovery was the best.

I desire to call the attention of the profession to the utility of these splints in "varus.' My success in the treatment of this deformity has been so satisfactory. by means of this felt club-foot appliance, that it is doubtful whether I shall again use the knife in my patients. The splint should be applied about the third month. The foot should be held as nearly in position as possible, and the splint moulded to the limb by an assistant, and then immersed in cold water. A readjustment of this once in ten days cannot fail to accomplish the end desired, and it is done without pain, or inconvenience to the child.

I have just discharged a case of "varus" cured with complete success, commencing with the splint when the child was two and a half months old, and without previous operation for division of the tendons, and the cure was so perfect at the end of three months, that an experienced eye could hardly have detected the seat of disease, except that the foot affected was slightly smaller than the other. I ordered an ordinary shoe, with light saw-blade braces on each side, extending to the knee, in order to obviate any subsequent tendency on the part of the tendons to contract. The angle of the foot is the same as the foot not affected. In "valgus,"

the splint is equally adapted to overcome deformity. I have now under treatment a case of deformity, a child four years old, who was operated on in a neighboring city more than a year ago. The little fellow had been wearing the ordinary cumbersome apparatus for supporting the ankle and foot ever since the operation, but unfortunately without success. By means of the club-foot felt splint the improvement has been so great, that, though still under treatment, it promises a success equal to the former case. Besides their utility, they are far less troublesome, only requiring to be readjusted once in about ten days, and are so comfortable to the little patients, that they are destined largely to supersede the knife and the other appliances ordinarily in use. After an experience of some years with the "Adaptable Porous Felt Splints," I do not know how I should get along without them.

VENESECTION IN PUERPERAL FEVER.

BY P. F. TURNER, M.D.,

Of Lancaster, Ohio.

Read at the session of the "Hocking Valley Medical Association," December 7th, 1875.

I desire to present the history of a case of puerperal fever, as illustrating one of several occurring in my practice last April and May, and particularly a mode of treatment not altogether accepted by the profession.

The fever was preceded by convulsions, and, therefore, at the time of its inception, likely to be misjudged and mistreated. But, being at the time in the midst of an epidemic of puerperal fever, what was done was as much with reference to what I feared would follow as by way of treatment for the complication.

Was called to see Mrs. S., May 5th, at 12 o'clock, midnight, in her first confinement. Found her upon my arrival in a very restless condition, having had four convulsions—fits, as her father informed me—before I reached the house. Upon seeing her, she presented the appearance of a person in previously good health; was rugged; well nourished; medium height, etc. She had been in labor four hours. Without losing time, and fearing that another spasm might supervene at any moment, I proceeded immediately to make examination, but, laboring under unsatisfactory circumstances, failed.

Up to this time, since my arrival, she had constantly tossed her head from side to side, made violent exertions with her arms and limbs, uttered incoherent remarks, etc. Fearing the result if this continued, I gave her chloroform freely; she took it readily, and soon I was able to ascertain, by careful digital examination, that the os uteri was dilated to the extent of two and a half inches, somewhat flabby, and low down in the pelvis.

I attempted to apply the forceps to the head, presenting in the first position, but before they were locked she came from under the influence of the anæsthetic. Gave her chloroform again, and succeeded in adjusting the instrument, by which I was enabled to present to her husband, uninjured, a good-sized boy. The delivery was effected with safety to the mother, she being in the supine position. Fearing the relaxing influence of the chloroform on the uterine muscular fibre might favor hemorrhage, I attempted to give ergot, but did not succeed. Fortunately, no evil followed. After the child was delivered, the mother became comparatively quiet. In fifteen minutes the placenta was delivered, followed by a convulsion. I felt certain that nothing but abstraction of blood, and that pretty freely, would have any controlling effect on her present condition, or avert the impending calamitous fever which was already foreshadowed. I relieved her, therefore, of twenty-four ounces of blood (after the direction of Dr. Churchill and others), allowing it to flow till the pulse became quite soft and feeble. This left her in a quiet condition again, and I believe turned the scale in her favor. It put a stop to the convulsions. I saw my patient the following morning, making these observations (a record of the temperature in this case, I regret to say, was not made in time to render that subsequently taken of any importance). Pulse 100, full and strong; tongue moist, slightly coated; patient unconscious, had slept considerably during the night; passed urine, of which she had cognizance; the child had nursed. There was no œdema, nor vomiting, nor had there been at any time in the case. She had tasted nothing; was not restless. I ordered a laxative of one and a half ounces of ol. ricini, cold applications to the head, and careful watching.

Second Day. Pulse 120; tongue furred a little, but moist. Patient, in other respects, much the same as on the preceding visit, with the exception of tenderness on pressure on the

abdomen. The laxative had operated in the morning before I arrived. Ordered cold continued to the head; also gave pulv. opii, gr. j; hydrarg. c. mite, gr. v, to be given every four or six hours.

Third Day. Pulse 124; tongue moist and furred some; patient rational, but remembers nothing of the past three days. The bowels had not moved, but were more tender, and enlarging. Continued calomel and opium, and began warm applications and turpentine to the abdomen.

Fourth Day. Patient still rational; pulse 126, but not so full; tongue still moist and furred; no appetite, but took a little food for the first time since her confinement; abdomen very tender and more swollen; nodules can be felt on either side of the uterus. The treatment continued, with ice to the head.

Fifth Day. Patient has all the symptoms intensified. The pulse is now 136. I ordered, in addition, tinct. aconite gtts. v every four hours.

Sixth Day. Pulse 126. Put my patient upon quinine and opium, instead of calomel and opium.

Seventh Day. Appetite growing better; pulse down to 114. There is now no tenderness. There has been no perspiration up to this time.

Eighth Day. Was unable to see my patient to-day, but learn that she is better.

Ninth Day. Pulse 108; tongue moist and slightly furred; pain on pressure diminished; patient very cheerful. No change in treatment, except to omit the turpentine.

Tenth Day. Pulse 104; slight perspiration; feels better; swelling nearly gone.

Eleventh Day. Pulse 98. Much the same as on the preceding day, but there is some improvement.

Twelfth Day. Pulse 90.

Thirteenth Day. Pulse 80.

Fourteenth Day. Pulse 82. This is the last day I visited her.

All the normal functions are restored. The lochia, which had not ceased through the active stage of the fever, still continued.

In these somewhat extended observations there are several items of interest as regards the effect of the treatment employed. First, and the one on which I place the greatest stress, that of the venesection resorted to at the onset of the puerperal fever. This, indeed, is the principal reason why the case is brought before you, and its discussion becomes more interesting because of the diversity of opinion at the present time in regard to venesection as a remedial measure in treatment.

That it had a controlling influence upon the convulsions, cannot be doubted, whatever may have been their cause; and that it had a like controlling influence on the fever following, I feel well assured. The case in the onset assumed a defiant character; as it was, the fever rose to a high pitch, and the deadly increase of the pulse and abdominal distention, so soon after the abstraction of so large a quantity of blood, were also evidence of the gravity of the malady. I cannot account for the convulsions on any certain grounds; no one can. They may have been due to albuminuria, uræmia, primiparity, or uterine irritation. Most likely they were due to uterine irritation, for they always followed the pains of contraction, which were long and severe.

In addition to this case, let me call your attention to the treatment of several others, occurring at about the same time. One of these was, if anything, still more violent in its nature, certainly more speedy in its initiation, for by nine o'clock P. M. on the same day the woman was delivered, which was at six o'clock in the morning, the abdomen was larger than at delivery. The pulse ran up to 140; the limbs were flexed, countenance pinched; lochia continued slightly, and the poor woman crying out with pain. This patient was bled till she was blanched and faint, but she stood the loss well, and went on to a speedy recovery. In respect to the other cases attended, two recovered without bleeding, but these were very mild cases. I bled the most severe; none died that were bled.

As to the origin of puerperal fever, but a word will be said. Some hold that it arises from a modified condition of the blood induced by gestation, others from compression, retrograde metamorphosis of the tissues, contusion, etc. Old authors thought it was a form of metritis; some held it was peritonitis, and now they think it is peritonitis of an erysipelatous character. Fordyce Barker and Prof. Smith say it is a blood disease. Inasmuch, therefore, as the pathology of puerperal fever is unsettled, the treatment must be also.

In this disease we are all alike at sea, with no compass to guide us. As sailors, without certain bearings, each must rely on his own knowledge, gained by a remembrance of former

journeyings over the same route, and that course founded on experience is certainly the safest. In my hands venesection has been most successful; therefore, I urge its adoption, not, though, as one zealous beyond discretion.

The testimony in favor of blood-letting in puerperal fever is varied and numerous. All agree that, to be beneficial, it must be resorted to before there is active fever, or the system has received the positive impress of the disease. Depletion in any way but by the lancet is objectionable; it is too slow. Meigs condemns leeching strongly. He relates a case in which he attributes the death of his patient to his neglect to bleed, when the patient told him just before delivery that her head ached.

Venesection in puerperal fever is recommended by Drs. Churchill, Johnson, Sinclair, Ramsbotham, Tyler Smith, Fordyce Barker, and others as eminent. One of these authors on the subject says that "blood-letting is our great reliance; the lancet is our sheet-anchor, and blood may be taken to a large extent." In the face of these observations, and of the facts related, we must conclude that he who, in attending a typical case of puerperal fever, occurring in a robust, plethoric or well-nourished person, fails to make use of these means, grossly neglects his responsibility, and is justly entitled, all things being equal, to be held accountable, to a considerable extent, for the welfare of the patient.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Stated Meeting, December 22, 1875. Dr. Delafield, President, in the chair.

Sarcoma of the Finger.

Dr. Satterthwaite presented a specimen of sarcoma of the finger, with a history as follows:—

Mrs. H., aged fifty, had always enjoyed excellent health; her family history was good. During June last, she noticed the appearance of proud flesh on the end of the third finger of her left hand. She began to lose her appetite and strength, and became emaciated. She consulted Dr. Mount, who amputated the diseased finger at the middle of the first phalanx. The disease had extended to the bone. A microscopical examination revealed sarcoma, of the spindle-celled variety. The patient regained her health after the removal of her finger. Dr. Satterthwaite thought that the prognosis was good.

The president said that sarcoma was found to involve the toes more commonly than the fingers.

Aneurism of the Arch of the Aorta—Catarrhal Pneumonia.

Dr. A. L. Loomis presented the arch of the aorta which was the seat of an aneurism, and a lung the seat of catarrhal pneumonia.

A Scotch sailor, aged thirty-three, was admitted to Bellevue Hospital on November 30, 1875. His father and mother had both died of phthisis. Thirteen years ago he had contracted syphilis, which had been treated with mercury and iodide of potassium. He has since suffered from syphilitic manifestations. Three years ago he had received a blow on the right side of his chest, after which he remained unconscious for a few moments. He had followed the occupation of fireman for the past twenty years, and had been very intemperate in his habits until three years ago, when he became moderately so. During last February he contracted a cough from exposure, which lasted until July. The expectoration was composed of glairy mucus, and sometimes was muco-purulent. He attended to his duties until six weeks before admission to hospital. Three weeks after he commenced to cough, he expectorated blood of a bright color. After entering the hospital his sputa was streaked with blood. From the time he received the blow he had suffered, at intervals, from pain in the left side of his chest and in the epigastrium. After he was in the hospital, he suffered from a constant pain in the region of the scapula and from dyspnœa. There was no change in the tone of his voice. He had been subject to intermittent fever for the past twenty years. At the time of admission the patient's temperature was 102°, pulse 109, and respiration 29. He suffered from attacks of dyspnœa on slight exertion. The cough was bronchial in character, and the expectoration muco purulent; this was streaked with blood for twenty-four hours after his admission. He had had repeated attacks of chills, followed by fever and perspiration. His countenance bore an anxious expression. His body was well nourished. For a few days before admission he would sometimes experience some difficulty in deglutition.

Physical Examination of the Chest.— On inspection, an absence of motion was noticed on the left side, and was exaggerated on the right side. The position and force of the heart were normal. On palpation, there was an entire absence of vocal fremitus over the lower part of the left chest, but vocal fremitus was distinct over the clavicle. There was no bulging nor pulsation noticeable at any point of the left chest, though Dr. Loomis thought he had detected the latter indistinctly. On percussion, there was flatness over the surface of the left chest, except in the infra-clavicular region, where dullness existed. On auscultation, the vesicular respiration was exaggerated on the right side of the chest. On the left side there was loss of respiratory murmur. The heart sounds were normal; there was no murmur. In the inter-scapular space, when the left scapula was brought forward, Dr. Loomis had detected

a systolic murmur at one or two examinations only, but failed at other times The patient had been examined by several of the hospital physicians, but none of them had detected it.

Diagnosis.—Dr. Loomis diagnosed pulmonary consolidation of the left lung, and pressure upon the left bronchus, cutting off the supply of air to the lung, caused, possibly, by an aneurism from the arch of the aorta. The diagnosis of hydrothorax was excluded, from the fact that the heart was in its normal position and not pushed to one side. Quinine controlled the fever, and the patient's appetite returned. The physical signs remained unchanged throughout. The night before he died he expressed the desire of leaving the hospital on the following day, as he felt better. The next morning, at seven o'clock, the house physician was called to see him; he had expectorated a considerable amount of blood, and died shortly afterward.

Autopsy.—The right lung was emphysematous; the left one was the seat of catarrhal pneumonia; its pleura was inflamed and thickened. The lung tissue had the appearance of pneumonia in the third stage, there being no evidence of breaking down on pressure. The heart was normal The aorta at its beginning was in a state of atheroma, which extended throughout. At the lower portion of the arch, as it swings around the left bronchus, an aneurismal pouch about the size of a hen's egg was found opening into the bronchus. The opening seemed to have been gradually made. The recurrent laryngeal nerve seemed to have been free from pressure. Dr. Loomis said that what led him to the diagnosis of aneurism was another case which he had seen, presenting similar symptoms, an aneurism of the same size as the one presented having been found.

Dr. Sullivan mentioned the case of a Catholic clergyman, in whom the first symptoms of aneurism noticed were difficulty of deglutition and huskiness of the voice. A physical examination of the chest, however, had not revealed aneurism. The patient had not been able to lie for three days previous to his death.

Dr. Beverly Robinson was of the opinion that a laryngeal examination should not be neglected in cases of aneurism. Aneurism had been diagnosed from laryngeal symptoms alone where no thoracic symptoms had been noticed.

Dr. Loomis said that within the past three years he had known of cases where diagnosis of paralysis of the vocal cords had been made from a laryngoscopic examination, which had proved to be aneurism.

An Undiagnosed Case of Perityphlitis, Phthisis, Œdema of Lungs, Waxy Liver.

Dr. Delafield presented a specimen with a history as follows:—A woman aged thirty-nine was admitted to Roosevelt Hospital on October 1st, 1873. She had felt well prior to two months before her admission, when she was taken with vomiting, which lasted for three days. Menstruation had occurred and lasted for three weeks, during which time she complained of pain in the lower part of her abdomen; this, however, ceased with menstruation. Nothing unusual occurred until September 1st, when the patient was seized with vomiting and slight chills in the afternoon. These symptoms and a sense of lassitude lasted until five days before she entered the hospital. On admission she complained of severe pain in her abdomen, principally in the right iliac and epigastric regions. She had vomited in the course of the day, but it had ceased. The pulse was 120, temperature 102·2° and respiration 36. After her admission the vomiting was relieved; she, however, complained of a diarrhœa and night-sweats.

October 11th. The pain was more severe. A tumor was felt in the right hypochondrium, on the sore side. The pain was relieved by lying on her abdomen.

October 18th. A physical examination of the chest revealed bronchitis. She still suffered from night-sweats. Tenderness was complained of on pressure over the abdomen.

October 28th. It was supposed that the patient was suffering from *impacted fæces.* Purgatives were administered, but failed to give relief.

November 20th. The patient complained of pain in the region of her left kidney. Over the right side of the spinal column a double murmur was heard, and aneurism of the aorta was diagnosed.

November 29th. The swelling and tenderness had subsided. There was marked œdema of the left leg, and symptoms of thrombosis of the femoral vein. The next diagnosis made was *abscess due to caries of the spine.*

December 8th. A tumor was discovered on the left side, near the edge of the left kidney. On the following day fluctuation became distinct.

December 10th. Dr. Mason made a diagnosis of *abscess in the lumbar region (post-renal).*

December 17th. When the tumor was pressed behind, gurgling was detected in front. A diarrhœa occurred, and lasted for a few days, resulting in the disappearance of the tumor.

December 27th. The patient complained of pain over the crest of the ilium, near the superior spinous process; later, fluctuation was detected and the abscess was opened.

January 7th, 1874. Dr. Sands made a diagnosis of *caries of the vertebræ,* and abscess resulting.

February 21st. Drs. Shæffer and Weir concurred with Dr. Sands in the diagnosis; aspiration of the tumor was advised.

March 12th. A swelling in the lumbar region was detected, and then aspirated, after which it opened spontaneously, and discharged pus. The fæces were examined, and found to contain pus. The next diagnosis made was *abscess in the lumbar and iliac regions, communicating with the intestine.*

In September, the patient was seen by Dr. Thomson, who diagnosed *perihepatitis and ab-*

scess. Within the last few months of the patient's life, the discharge of pus from the abscess discontinued. The patient died of chronic phthisis.

Autopsy.—Both lungs were the seat of chronic phthisis. The heart was in a condition of brown atrophy. The liver and kidneys were waxy. The peritoneum was thickened and studded with nodules; its cavity contained serum. The small and large intestines were the seat of catarrhal inflammation. The caput coli was adherent to the abdominal wall behind, over a moderate portion of its extent. An opening was found to exist through the wall of the caput coli, which led into a cavity in the tissues beneath. From this cavity proceeded several contracted sinuses. Both cavity and sinuses contained no pus, and were perfectly empty. There was a considerable amount of dense cicatricial tissue, extending to the lower extremity of the right kidney. Dr. Delafield further said, that the patient had entirely recovered from the original disease at the time of her death. There were no other lesions about the caput coli visible, except perforation. The case seemed to have been one of perityphlitis, originating as an inflammation of the caput coli, or of the tissues beneath it. The peculiar feature connected with this case was the fact of its having been seen by so many physicians and surgeons, and yet the true diagnosis had not been made.

Fibromata of Arm—Tubular Sequestrum of Femur.

Dr. Post presented two specimens of fibroma, which he had removed, with a history as follows:—

A man, aged thirty, consulted the doctor concerning two tumors situated on his arm, about a handbreadth above the elbow; one was in front and the other behind. The tumors had recurred two years after the first operation. The health of the patient was good, and there was no enlargement of the axillary glands. The anterior three-quarters of the tumors were covered by muscular fibres; the outer part of the brachialis anticus, the supinator longus and triceps were involved.

The other specimen presented by Dr. Post was a tubular sequestrum, which he had removed from a girl aged eight years It was removed from the lower extremity of the femur. He had often found sequestra in amputated limbs, but had not removed any before this by an operation.

COLLEGE OF PHYSICIANS AND SURGEONS, PHILADELPHIA,
November 3d, 1875.

A case of empyema, in which, after Dieulafoy's aspirator had been repeatedly used, a permanent cure followed the introduction of Chassaignac's drainage tube into the chest, with remarks, was presented by James H. Hutchinson, M. D., one of the attending physicians to the Pennsylvania Hospital; physician to the Children's Hospital, etc.

Edward ——, aged seven years, was brought to the "Boarding Home for Little Children" on February 15th, 1875, during the prevalence of an epidemic of scarlatina. His family history was moderately good, but his mother stated that his health had always been delicate, and that for several months previous to his admission he had had very insufficient attention in regard to cleanliness, clothing, and food. At that time he was pale and emaciated, and on the outer side of each heel there was a superficial ulcer, nearly an inch in diameter; these were supposed to have resulted from chilblains. The speaker then described his symptoms, and continued:—

On April 5th his general condition had so far improved that it was deemed justifiable to make a thorough examination. The symptoms now observed were as follows: decubitus left-sided, with head and shoulders elevated; cheeks flushed, but surface generally pale and waxy; great œdema of the face, most marked on the left side; abdomen tympanitic, and a small amount of fluid in the peritoneal cavity; scrotum œdematous, and slightly discolored; legs and arms emaciated, affording a great contrast to the tympanitic belly and swollen face. Tongue coated, appetite poor, and a tendency to diarrhœa. Pulse weak, 120, growing more frequent toward evening, when there was increased heat of skin, flushing of face, thirst, restlessness, and irritability; throughout the rest of the day he was languid and inclined to sleep. Cough infrequent and dry, respiration about forty, though readily increased by exertion or excitement to fifty-eight or sixty. The left side of the chest was distended, and almost completely immovable; the intercostal depressions were effaced; the left nipple was higher and further from the centre of the sternum than the right, and the left scapula was elevated and thrown outward. There was flatness on percussion over the whole of the left thorax, from apex to base, most intense on the posterior surface, where there was great resistance; over the lower third, anteriorly, there was transmitted gastric tympany. Bronchial breathing was heard over the whole of the affected side, being most distinct near the angle of the scapula posteriorly; there were no râles. The vocal resonance was reedy, while vocal fremitus was entirely absent. The heart sounds were most audible to the right of the sternum; there was no valvular murmur; but a transmitted cardiac impulse was seen in the epigastrium. The patient complained of soreness on the left side, and the act of percussion caused pain. The right lung was normal, except that its functional activity was augmented, the respiratory movements and the vesicular murmur being exaggerated. The urine was passed freely, and contained a very small quantity of albumen, discovered only by Heller's method, and a few epithelial and slightly granular casts. Directions were given

to paint the chest with tincture of iodine, and to keep the scrotum covered with cloths wet with laudanum and lead-water; and Basham's mixture was substituted for the diuretic preparation formerly used; the rest of the treatment was continued as before.

Throughout the succeeding two weeks, although the pleuritic effusion slowly increased, and though the hectic fever was still observed in the latter part of the day, the pulse fell to 108, the respiration to 32, the tongue cleaned, the appetite improved, the diarrhœa ceased, the tympanitic distention of the abdomen and ascites diminished, the œdema of the scrotum disappeared, and that of the face greatly subsided. After this the patient again grew worse, and on April 25th paracentesis thoracis was determined upon.

On the morning of the operation, the left chest at the level of the fifth rib measured one inch more than the right; the intercostal spaces were slightly bulging; the left nipple was half an inch further from the centre of the sternum, and half an inch higher than the right; the flatness and lack of elasticity were marked; and there was loud bronchial breathing in the infra-clavicular and inter-scapular regions, and at the angle of the scapula, but over the lower two-thirds of the chest the breath sounds were feeble and distant; in other respects the physical signs were unchanged, with the exception of the percussion resonance on the right side, which was rather high pitched. There was extensive œdema of the face, lower part of the body, and scrotum; frequent pulse and respiration; and paroxysmal cough, unattended by expectoration. The urine was abundant and slightly albuminous, and the microscope revealed granular and epithelial casts.

The point selected for puncture was in the seventh interspace, just outside of the mid-axillary line. The skin having been frozen, a small incision was made, and a medium sized canula, attached to Dieulafoy's aspirator, introduced. About three ounces of healthy pus were withdrawn, when the flow stopped, and, notwithstanding that the direction of the canula was changed, it was impossible to remove any more. The operation was attended with but little pain or cough, and was followed by no increased constitutional disturbance, but, on the other hand, by no evident improvement in the physical signs, other than trifling diminution in the flatness over the infra-clavicular region. For several days afterwards there was considerable pain and tenderness near the point of puncture, so that the boy was obliged to lie entirely on the right side.

May 18. No bad effects have followed the operation, the patient having rested last night better than he had done for a week past. A physical examination of the chest gives the following results: Left side: Feeble vocal fremitus can be felt over the anterior surface of the chest down to the sixth rib, also in the inter-scapular region. Bronchial respiration and bronchophony are louder than before the withdrawal of the liquid. Ægophony can be heard at the inferior angle of the scapula. Right side: The physical signs are normal. The heart, which before the operation could be felt beating in the fifth interspace, just within the right nipple, has been drawn slightly over toward the right side.

September 18. The drainage tube was removed to-day by Dr. Wm. Pepper, under whose care the case has passed. It has been somewhat corroded by its long-continued maceration in pus.

October 24. A very little discharge took place from either opening in the wall of the chest after the removal of the tube. A solution of the permanganate of potassa was injected once into the pleural cavity by Dr. Pepper's directions, but it was not thought necessary to repeat the operation. Both openings are now closed; cicatrization of the lower opening having taken place toward the close of September, and of the upper a few days ago.

After the reading of the preceding paper, Dr. H. Lenox Hodge, said:—

In addition to the details given by Dr. Hutchinson in regard to his interesting case, I will simply describe the operation which was performed.

A large strong curved needle attached to a stout handle, and having the eye of the needle near its point, was the only instrument used. It was inserted near one of the old points of aspiration, carried around two ribs, and brought out below. A perforated drainage-tube was then passed through the eye of the needle, so as to form a long loop, and the needle withdrawn so as to leave the drainage tube in the cavity of the pleura. The loop of the drainage tube in the eye of the needle was made long, so that if it should be cut through by traction on the needle, both portions could be easily withdrawn without leaving any piece in the pleural cavity. The operation performed in this way has the following advantages:—

1. It drains the cavity without the admission of air.

2. It not only empties the cavity but keeps it empty.

3. The drainage tube remains in position, and cannot slip out.

4. The cavity may be syringed with washes to promote healing.

5. If air should enter during movements of the chest, it can also readily pass out

If a drainage tube be inserted only at one opening, it is so apt to slip out that its action is very inefficient. If a canula and stop-cock be used, and retained between the intervals of drawing the fluid, the walls of the cavity become more or less separated; and this separation, together with the irritation from the pressure of the canula, interferes with the process of healing. The manner of using the drainage tube above described, therefore, appears to possess many advantages above the other methods.

Editorial Department.

Periscope.

The Symptoms and Prognosis of Cerebral Anæmia.

In the West Riding Lunatic Asylum Reports, Dr. J. Milner Fothergill speaks of this disease: The symptoms of cerebral anæmia are numerous. Dilatation of the pupil is "one of the commonest accompaniments of cerebral anæmia." Pallor of the face is very frequent, pallor of the eye a still more valuable indication, especially where the ophthalmoscope reveals an anæmic condition of the disc and retina. This is distinguishable from atrophy of the optic nerve by "the uniform grayish-white appearance of the disc, and the fact that one disc is in exactly the same condition as the other." The expression of the face is peculiar. "There is a mingled look of sadness and general impairment of expression." There may be corrugation of the brows and depression of the angles of the mouth. The general state of the circulation is most important. There is an adynamic condition of the heart, and the arteries are diminished in volume, the pulse being feeble and compressible. The surface is reduced in temperature, the hands and feet being cold, and often blue, from venous congestion. The skin is often dry, withered, and wrinkled. There is drowsiness by day and sleeplessness at night. The position of the head, it being erect during the day and recumbent at night, may have something to do with this. Headache is a very frequent symptom, being of a dull, persistent, unvarying kind, and usually vertical; frontal headache being rather associated with passing conditions of exhaustion from sustained intellectual labor. Vomiting, in the graver cases, may be produced by the patient suddenly sitting up. This may be due to sudden anæmia of the roots of the vagus causing the stomach to contract, as there is no nausea nor action of the abdominal muscles. Palpitation of the heart may similarly be caused by the vagus ceasing to act. Sighing respiration is frequent. Constipation, so common in cerebral affections, may be either a cause or a consequence of cerebral anæmia. The general muscular condition is one of relaxation and impaired power, the patient being "listless, unenergetic, and easily exhausted." In the earlier stages there may, however, be a condition of restlessness and irritability. There may be various lesions of sensation, local or general anæsthesia, dullness of the special senses, and even hallucinations. The psychical symptoms are loss of mental power, melancholic depression, and, in the more pronounced cases, dementia. In the early stages there may be great irritability, and in some instances this is the chief symptom. There is frequently a feeling of being "cabined, cribbed, confined," either by some supernatural or natural power; or there may be some delusion with respect to attempts at poisoning, etc. In many cases the anæmic condition of the brain produces that craving for stimulants known as dipsomania.

The prognosis is favorable in simple cases, which do not depend upon grave physical disease. Those cases which have their starting-point in some mental shock are more favorable than those in which physical disease is the primary factor; while those which are complicated with dipsomania are among the most unfavorable.

The Prophylaxis of Carious Teeth.

On this topic Dr. H. Sewell says, in the *Medical Press and Circular*:—

Locally, the prophylaxis of caries in part consists in combating diseased conditions of the mucous membrane of the mouth which are attended with vitiation of the secretions; but as these conditions are discussed in works on medicine, there need be considered here only the means which are available locally in preventing the formation of acid, the active agent in caries, in neutralizing it, and in preventing its hurtful effects upon the teeth. Foremost among these means must be placed the maintenance of the mouth in perfect cleanliness. The teeth should be carefully brushed at least twice daily, and the patient should be taught not only to cleanse their external surfaces, but to apply the brush to every part which it can reach. The spaces between the teeth should be frequently freed from the particles of food which lodge there. For this purpose a few threads of floss silk, or a fold of any similar soft material, slipped into the spaces and rubbed briskly to and fro, answer well. Tooth powders and lotions are of considerable value. Tooth powders ought not to be made of materials like levigated pumice, which are often used to whiten the teeth, and which produce the effect by grinding away the enamel, but should be composed of strongly alkaline bland and soluble substances, having no more mechanical power than enables them to remove the well-known soft fur which coats the surfaces of the teeth in most mouths even within a few hours after every application of the tooth brush. The desired objects are well fulfilled by such a mixture as that of precipitated chalk and soap, commonly known as saponaceous tooth powder. The soap, of which a nearly tasteless variety is used, having been dried, is pulverized and mixed with the chalk, and to this there may be added perfume and flavoring ingredients to render the dentifrice agreeable to the patient. A powder having as its ingredients chalk and a soluble alkali, such as carbonate of soda, is almost equally efficacious.

Mouth washes may be composed with advantage of tincture of myrrh or of rhatany. The spirit which these tinctures contain, beside rendering them more astringent, is antiseptic. and it is a good plan to use them to moisten the floss silk or other material which is employed in cleansing the spaces between the teeth. With the same design eau de Cologne, lavender water, and similar perfumes are pleasant applications. With these lotions there may be combined carbonate of soda, or other soluble alkalies, when the acidity of the secretions is great, or when the patient is obliged to take acid medicines.

Perhaps the most beneficial procedure that can be adopted for the prevention of caries, in cases in which the teeth are of a generally defective structure, and where great crowding of the teeth exists, is the extraction of two or three of them.

On the Treatment of Alveolar Abscess.

Dr. Isidor I. Lyons, M.R.C.S., L.D.S., writes to the *Lancet*:—

Alveolar abscess is the result of an acute inflammation of the periodental membrane. This may arise from various causes It is commonly the sequel of acute inflammation of the pulp of a tooth, but it may commence in the membrane. An alveolar abscess generally points opposite to the buccal or labial surface of the affected tooth, or the pus may exude at its neck or travel along the hard palate and open at any point internal to the dental arch.

Among the different local remedies prescribed for this affection, the most common are external fomentations and poultices. This treatment is to be deplored for the following reason. When, for example, an abscess takes place at the root of an upper bicuspid tooth, and the swelling is at its buccal surface, on a poultice being applied externally, pus would travel above the fold of mucous membrane connecting the superior maxilla with the cheek, and appear among the buccal muscles, ultimately passing through the skin, thereby producing those ugly scars often seen on the face of patients who have undergone this treatment. The following case is typical of these results:—

Isabella B., aged twenty-eight, admitted into St. Bartholomew's Hospital, April 1st, 1875, under the care of Mr. Callender. This patient had suffered great pain for a long time from a carious lower molar, at the roots of which there had been an abscess. This had been treated by external fomentations and lancing of the gum. When admitted into the hospital, there was a soft red spot with two or three openings over the middle of the lower jaw, on the right side, extending behind toward the angle and ramus, and slightly down to the neck. There was also inability to open the mouth except to a very slight degree. The first lower molar was reduced to a stump. Since admission, the swelling behind and below has increased, and apparently suppuration taken place. On April 9th the right lower molar (which was necrosed) and the fangs of the two other teeth were extracted. On the 10th the abscess appeared to be discharged through openings in front of it. As regards the rest of the history of this patient, an attack of erysipelas supervened, involving both sides of the face, and which was remarkable for its severity and high temperature. On June 16th she was discharged, her general condition much improved.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. Theo. R. Varick, in a reprint from the New York *Medical Journal*, considers the cause of death after operations and grave injuries (Appleton & Co.).

BOOK NOTICES.

Extra-Uterine Pregnancy; its Causes, Species, Pathological Anatomy, Clinical History, Diagnosis, Prognosis and Treatment. By John S. Parry, M. D., Obstetrician to the Philadelphia Hospital, etc. Philadelphia, Henry C. Lea, 1876. pp 276.

This book is based upon an analysis of five hundred cases of misplaced pregnancy, and the author has succeeded in giving a most interesting and valuable work as the result of this labor. Among the causes are found emotional disturbances, as would be likely to occur in the unmarried, or in widows who become pregnant; long intervals between conceptions; great delay in becoming pregnant; twin pregnancy, etc. He divides these pregnancies into tubal, ovarian, and ventral; the greater number being tubal. The symptoms are divided into three periods—before the fœtal heart is audible; after the heart can be heard, and until after the close of spurious labor at term; after the termination of false labor, on the death of the fœtus. Next, he considers the terminations, as rupture of the cyst, recovery after this accident, etc.

The mortality in the five hundred cases was 67 per cent., showing a greater hope for these unfortunates than would have been believed possible.

The treatment early becomes a matter of importance, as rupture of the cyst may occur at any moment. Perhaps the best result has re-

cently been obtained by Professor T. G. Thomas, of New York, who removed the embryo at the third month, by means of a section of the vagina with the galvanic cautery. With some slight modification, this operation offers the best prospect of success. The death of the fœtus by means of electric shocks through the cyst has been procured on two occasions by Dr. Joshua G. Allen, of Philadelphia. Hence this offers itself as eminently worthy of trial under this unfortunate condition of the woman. Narcotics have been injected into the sac, but, as yet, the benefit is too doubtful to cause much hope.

When rupture of the cyst occurs, the indication is to arrest the hemorrhage, and this can only be done by opening the abdominal cavity. This suggestion originated with an American, Dr. Harbert, and is strongly urged by Dr. Stephen Rogers of New York. The success in this country of the operation of ovariotomy gives good reason to anticipate a similar success under such a desperate state, and certainly the operation would be justifiable.

The operation of gastrotomy shows a percentage of recoveries quite favorable, more than one-half of those operated upon having recovered. This operation may be performed either by the knife or by the use of caustics, though, of course, the latter is not always possible, as where time is an element in the case.

To an American surgeon belongs the honor of having operated for the removal of the child by incising the vagina, and he "had the happiness to save both the mother and child."

The author has given to the profession a valuable volume upon this subject, and much credit is due him for the labor and research he has expended. We hope he will be fully rewarded for his labors.

Cyclopædia of the Practice of Medicine. Edited by H. Von Ziemssen. Vol. v. Diseases of the Respiratory Organs. New York, Wm. Wood & Co.

This volume, containing 712 pages, contains articles by Professors Juergensen, Hertz, Ruehle, and Rindfleisch, translated by various competent hands, under the supervision of Dr. Albert H. Buck.

The subjects considered are croupous pneumonia, catarrhal pneumonia, hypostatic processes in the lungs, pneumonia from embolism, anæmia, hyperæmia, œdema, hemorrhages of the lungs, atelectasis, atrophy, hypertrophy, pulmonary emphysema, gangrene of the lungs, new growths in the lungs and in the mediastinum, parasites, pulmonary consumption, acute miliary tuberculosis, chronic and acute tuberculosis, and phthisis.

From this rather long list the reader not yet acquainted with the volume will have an idea of its fullness on all the maladies of the part of which it treats. Over two hundred pages are given to the subject of consumption; in other words, nearly a third of the text of the volume. American physicians may not be prepared to accept the distinction between tuberculosis and phthisis, on which the authors lay so much stress. The German views of the pathology of this disease—to speak of it as a unit—are by no means endorsed by the latest researches in other lands; and one might doubt the propriety of basing works on medical practice exclusively on pathology, even when observers are unanimous about its answers.

The articles on pneumonia, by Juergensen, are very full and satisfactory, and the volume generally comes well up to the mark of its forerunners.

A System of Midwifery, Including the Diseases of Pregnancy and the Puerperal States. By Wm. Leishman, M. D., etc. Second American, from the second and revised English edition, with additions, by John S. Parry, M. D., etc. pp. 766. Philadelphia, Henry C. Lea. 1875.

The estimate placed upon this work is shown by this early necessity for a new edition. The improvements in the English edition are mainly confined to the physiology of midwifery and to puerperal fever. The American author has not been content merely to play the part of proof-reader and supervisor, but has added materially to the value of the work. Thus, on the forceps no less than thirteen pages are devoted to the views held and practiced by American obstetricians. This, alone, greatly increases the value of the work, and supplies a great want to the American reader.

Again, on lactation, the puerperal diseases, and diphtheria of puerperal wounds, much has been added by the American editor, tending greatly to increase the value of the work.

In its present form, it is eminently worthy of a position upon the list of text-books of American colleges, and will prove a mine of wealth to every obstetrician who will study its pages.

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ON THE VALUE OF FOOD.

The secret of all improvement in the human race is the development of conscious aims. Dr. Whewell has shown this strikingly in his *History of Scientific Ideas*. It is endorsed to the fullest by history. The nation which pursues a clearly-seen object is sure to reach it. When, therefore, we indulge in plans for the regeneration of the race, a harmless and even praiseworthy pastime, we must begin with the reformation of ideas.

The idea is the only permanent thing in organism. It is indelible. The primordial cell, which after fruitful intercourse represents the future man, has somehow stored up in it—*potentially* in it, we say, so as to clothe decently our ignorance—all the thoughts and experiences of both father and mother, even those they themselves have forgotten or *never knew*. This last seems an extravagance, but it is literally so. Tricks of gesture and expression during sleep, of which the person is himself unaware, have been known to be handed down from generation to generation.

But the wonder does not end here. It but begins. Not only the thoughts and experiences of the immediate parents, but of all ancestors on both sides, are in this microscopical globule, ready at once to spring up, like flowers or weeds, whichever they may be, as condition dictates. Psychologists call this the principle of ancestral or atavistic reversion.

How shall we account for it? The mystery lies in the relation of memory to its organic correlatives. Every sensation or thought is connected with an impression on the nerve-centres. Reduced to its lowest terms, such a statement is that to every thought corresponds a motion. Not that the motion is the thought; this is the fallacy of materialism. Nor that the thought causes the motion; this is the absurdity of idealism. But that by the parallel operation in different directions of the same abstract law the motion *corresponds* with the thought, is synchronous with it, and of like extent.

The relation of the two is called, by Dr. Thomas Laycock, the *synesis*. His observations on the subject are in the July number of the *Journal of Mental Science*, and he illustrates copiously the connection of the idea and its organic base.

This relation can be modified in various ways, but by none more easily than by *nutrition*. The practical foundation of culture and virtue is food, good and abundant food. A family half starved or improperly fed for a few generations cannot produce vigorous brains. Whatever vigor they have goes to the reproductive organs. Notice, when you mow your lawn in summer, how tall-growing weeds shorten their stalks so as to blossom beneath your scythe; so wretchedly-fed races are usually prolific. Plato, Cicero, Dante, Shakspeare, Bacon, Newton, Pascal, Gœthe, Napoleon, founded no families. Their brains absorbed their desires or their powers.

Before the golden year comes round every man, woman, and child must have sufficient digestible food for a few generations. Famine, hunger, as it is the first, so it is the last enemy to the happiness of man.

Notes and Comments.

Therapeutical Notes.

SULPHIDE OF CALCIUM IN DIABETES.

In the *Medical Times and Gazette*, Dr. Scatliff describes a case of diabetes, of which he says:—

"He was, when I saw him, passing quarts of water night and day (sp. gr. 1028). At my request he tried Dr. S. Ringer's treatment (calc. sulphide one-eighth grain ter die), first in the form of powders mixed with sacch. lactis gr. iij, and afterward in pills. He immediately experienced great relief. Two days after he was passing only a normal quantity of water (sp. gr. 1023·5), and felt "quite comfortable." He had kept to his ordinary diet, and had not, in any way, avoided any amylaceous foods at the time.

COTO BARK IN DIARRHŒA AND RHEUMATISM.

This new bark, from Bolivia, is said, by Professor Giete, of Munich, to be a specific against diarrhœa in its most diverse forms. He administers it in doses of 0·5 gramme of the fine powder four or six times a day. Of the tincture, he usually gives ten minims every two hours. In Bolivia, whence the plant was sent, it is regarded as a remedy against rheumatism and gout.

CHLOROFORM IN HYDROCELE.

In the *Union Med. de Canada*, Dr. Lubin, observing the frequent lumbar pain consequent upon the use of the ordinary injections in this affection, was led to use a formula similar to the following:—

R.	Tinct. iodinii comp.,	fl.℥iij
	Chloroformi,	fl.℥ijss.

In a number of cases in which this mixture has been used, no pain whatever followed this injection.

CYANIDES IN ACUTE ARTICULAR RHEUMATISM.

In an article in the *Bulletin Général de Thérapeutique*, Dr. Luton, of Rheims, advocates the employment of cyanides in the treatment of acute rheumatism. He gives the history of ten cases, in all of which this treatment was strikingly successful; in one case the temperature was distinctly reduced by the cyanide. The salts he chiefly used were the cyanide of zinc, and the cyanide of potassium. The first is odorless and tasteless, and may be given suspended in mucilage or in pills, in doses of one and a half grains daily.

COD-LIVER OIL INJECTIONS.

These are recommended, in the *Medical Times*, for the oxyuris vermicularis, or seat worm. It may be readily dislodged from its favorite habitat in the rectum by the injection of two or three ounces of ol. morrhuæ, repeated once or twice.

Atropia as an Antidote to Prussic Acid.

The *Druggists' Circular*, January 1st, contains a letter from Dr. T. B. Jackson, of Macon City, Mo., in which he says:—

Two cases of poisoning by hydrocyanic acid, which lately occurred in this vicinity, caused me to make a number of experiments on dogs, with the object of studying the effects of the poison, and of trying various substances so as to find an antidote. In this, I think, I have been successful. Sulphate of atropia, in doses of one-fourth of a grain to one grain, injected under the skin, gave prompt relief in every case, even when large doses of the acid had been given. When the two poisons are administered at the same time, none of the effects of prussic acid are developed; but if as much as one grain of sulphate of atropia be injected, all the symptoms of atropia-poisoning are observed. In some instances, the antidote was withheld until the animal would fall down, and the respiration would be as slow as six per minute, the dog being unconscious; then one-fourth of a grain of the antidote would relieve him instantly.

The Betel Nut.

A writer in the *Chemist and Druggist* says:—

The visible effects of the betel are, that it promotes the flow of the saliva, and lessens the perspiration from the skin. It tinges the saliva red, so that when spit out it falls on the earth like blood. It gives a red color to the mouth, teeth, and lips, which, though at first sight disgusting to Europeans, is by the natives considered ornamental. It imparts also an agreeable

odor to the breath, and is supposed to fasten the teeth, cleanse the gums, and cool the mouth. The juice is usually, but not always, swallowed. To persons not accustomed to it, the nut is powerfully astringent in the mouth and throat, and the quicklime often removes the skin, and deadens for a time the sense of taste. But it causes giddiness when chewed to any extent. On those who are accustomed to use it, however, the betel produces weak but continuous and sustained exhilarating effects. And that these are of a most agreeable kind may be inferred from the very extended area over which the chewing of betel prevails among the Asiatic nations. In the damp and pestilent regions of India, also, where the natives live upon a spare and miserable diet, it is really very conducive to health. Part of its healthful influence in fever-breeding districts is probably to be ascribed to the pepper leaf which is chewed along with the betel nut.

Correspondence.

The Treatment of Pruritus Hiemalis.

Ed. Med. and Surg. Reporter:—

As you say, in your 1st of January number, that you know of no efficient treatment for pruritus hiemalis, I take the liberty to forward to your journal the treatment for the disease which crowned with success four of my cases. The readers of the Reporter I refer to the *Half-yearly Compendium*, for July 1874, where a good description of the above named disease can be found. The treatment I pursue s the following, viz:—

℞.	Zinci sulph.,	℥vj
	Ammonii muriat.,	℥ivss
	Aquæ pluvialis,	Oiv–vj.

Sig. Wash the body all over, morning and evening, till quite well.

℞.	Ext. colocynth comp.,	℥j
	Mass. pilul. hydrargyris,	℥ss
	Pulv. myrrhæ	gr.x
	Mucil. gumi arab.,	q. s.

Fiat pil. No. 16.

Sig. One at bedtime every evening.

℞.	Kali iodat.,	℥ij
	Kali bromati,	℥v
	Kali nitr.,	℥vj
	Extract buchu,	f.℥ij
	(or extract pareir brav.,	℥ij.)
	Aquæ menth. pip.,	℥ijss
	Aquæ lauro cerasi,	℥vj
	Ext. conii fl.,	℥iij

Sig. One dessertspoonful, in half a tumbler of water, a half or one hour before meals.

I never failed yet with this combined treatment, viz.: 1, the stimulating and astringent wash; 2, the alterative laxative pill; 3, the alterative, sedative and diuretic mixture, which will surely correct the perverted condition of the glandular structures, and so lead to a healthy nutrition of the sudoriferous glands, which are secondarily diseased.

Respectfully, John Pirnat, M. D.
Evansville, Indiana.

[We are also informed that cosmoline, applied locally, has effected immediate relief, and apparently a cure. Ed. Reporter.]

Letter from Nebraska.

Ed. Med. and Surg. Reporter:—

Thinking that you and the readers of the Medical and Surgical Reporter would like to know something about medical matters from across the Missouri, I take the liberty to presume upon your space and patience. I came here in March last, to remove a necrosed portion of the tibia of an eight years-old boy. The child, by too early use of the diseased limb, had lost its use. By proper extension during the inflammatory stage of his recovery, and no other application but warm water cloths, slightly acidulated with carbolic acid, I completed a cure, successful as to time and result. And here let me say, that no part of the continent is more adapted to the performance of surgical operations than the State of Nebraska, or this part of it; not because surgeons, by the elevation above the sea, receive clearer minds, but by reason of the wonderful recuperative power of our milder and purer atmosphere. My partner and myself took off an arm on N vember 8th last, and on December 4th I visited the patient, a fifteen-year-old boy, who helped me put up my horses and feed them for me, whilst I attended to the inner man, after a fifteen-mile ride. Then I looked with perfect astonishment at a limb in less than a month healed to a perfection the attainment of which would mean two or three months' time in Illinois or other Eastern States.

I came here expecting to find physicians little above the common patent-medicine vendor, but I found, instead, men who, well balanced in mind, would get into their buggies, quickly putting thirty miles behind them, to confine a woman, and would return, having not only *confined* the woman, but, with no help but the husband and the next neighbor's wife, performed *craniotomy*. I make the statement to undeceive young physicians or men of common calibre from the notion that their fortunes are easily made in the West.

In regard to new remedies used, I cannot speak the same praise; and, as usual, it is not the fault of the druggists, but the physicians. I found the former very courteous and willing to incur expense; thus, within the last four months, nitrite of amyl, croton chloral, salicylic acid, iodoform, and jaborandi found their way to Lincoln, and into general practice. I pre-

scribed iodoform, never dreaming that this was an innovation, until the pharmacist to whom the prescription was brought taught me better; it was considered an act of dandyism. But times change, and we, especially physicians, with them; it was but the other day that a doctor bought an ounce of salicylic acid at once.

Nebraska has quite a reputation in regard to its Insane Asylum; it is not long ago that the MEDICAL AND SURGICAL REPORTER noticed the change made in its superintendency. Within the last two months another attempt was made to remove the present incumbent, Dr. Fuller, but failed, because petty avarice and meanness played their hands too openly. The physicians, to a man, went to the rescue of the able incumbent. I send his report for the year 1875, which compares well with older institutions; it is only to be regretted that no attention was given to the details of treatment and its results.

The State University has about 160 students, but instruction is given only in the classics, general education topics, and agriculture. An attempt was made last December to introduce medicine as one of the branches of learning, but failed. I am not friendly to scattering the talents of the country in numberless little institutions, but cannot help the conviction that a university will never flourish except by the introduction of the "bread-and-butter" studies. Nebraska is advancing rapidly, and in not many years it will be as populous as the older States, and can well afford institutions intended to elevate the standard of her citizens.

We have had no winter until last Sunday, January 9th, when it turned cold; a happy thing for one who, like myself, coming from a large city, has to travel forty and fifty miles a day over the prairies. More soon.

ALEX. S. VON MANSFELDE, M. D.

Lincoln, Nebraska, January 1st, 1876.

NEWS AND MISCELLANY.

Change in Pension Surgeons.

In view of the increase of pensioners the Secretary of the Interior regards a partial departure from the existing system of making medical examinations of pensioners or claimants for pension as fully warranted by the facts, and as necessary to the interests of the public service. It is proposed to frame a bill authorizing the employment of a number of surgeons, not exceeding sixty, at a liberal annual salary, who shall be selected from the most eminent medical men in the United States, and assigned to certain defined districts, into which the country shall be divided, subject to such changes as the interests of the service may demand. It is not proposed, however, to abolish the present system of appointment and payment of examining surgeons by the appointment of district surgeons, but that, so far as practicable, all examinations should be made by the latter. It is believed that the number of examining surgeons would thus be largely reduced, their services being only required in those cases where, for want of time, the district surgeons may be unable to make examinations without subjecting claimants for pension to long delay.

Chinese Medicine.

A Chinese doctor applied for a mandamus to the medical board, to admit him to practice in Melbourne. The Chinese Æsculapius set forth that he was an admitted practitioner in the Chinese Empire, and the great point in his diploma was that he had studied the pulses of the body, both internal and external. When the question was put by the judge as to whether he had studied anatomy, he replied, that there was no need to study that branch of the profession. In China, indeed, the study was forbidden by the religion of the country; but that certain sages had a long time ago (many thousands of years) dissected a human body, and left a full description of their operation for the benefit of posterity, of which he had availed himself. His diploma was not allowed.

Burn Brae Hospital for Mental Disease.

We desire to call the attention of our readers to this excellent institution, the advertisement of which will be found in this journal. Dr. Givin, under whose charge it is conducted, merits the full confidence of the profession, both as a specialist in mental disease, and also as a careful and efficient manager of the practical details of such an establishment. In institutions of this class, where the number of patients is limited, personal attention to their wants is much better secured, and the prospects of recovery much enhanced. The vicinity of Burn Brae is healthful and picturesque, and it is also very convenient of access.

The Philadelphia County Medical Society.

At the annual meeting of the Philadelphia County Medical Society, held on Wednesday, January 19th, the following officers for the Centennial year were elected, and twenty-five new members were admitted by ballot:—President, Thomas M. Drysdale, M.D.; Vice Presidents, Benj. Lee, M.D., and M. O'Hara, M.D.; Secretary, Henry Leaman, M. D.; Assistant Secretary, William S. Stewart, M. D.; Corresponding Secretary, William Goodell, M. D.; Treasurer, William M. Welsh, M.D., and Censor, Isaac S. Eshleman, M. D.

Personal.

—We are glad to see that Prof. Brown-Séquard has been devoting himself to the study of the localization of brain functions, and purposes communicating his conclusions to the Société de Biologie, Paris.

—Dr. T. S. Christ, of Chester, has been appointed aid-de-camp to Governor Hartranft, Commander-in-Chief of the Grand Army of the Republic.

Items.

—In the prescription on page 44, current volume, for ℥ read ʒ.

—The population of Providence, by the State census of June 1, 1875, was 100,675. The number of deaths to population last year was, therefore, one in 52·57 or 19·02 in each 1000.

—In Reading, the medical knowledge of the *Eagle* seems to pervade all classes. A woman there has been eating dog meat for the cure of consumption, and what is more, she believes it is curing her.

—In the city of Boston, in 1875, there were 8953 deaths in a population of 342,000, or one death in 38·2, or 26·17 in each 1000. In that city the returns of death are supposed to be complete, and the population not over-estimated.

—Trichina is reported in several points in the Mississippi valley last week. Eight persons in a boarding house at Columbus, Ohio, were taken violently ill, after eating diseased pork. Other cases of illness from eating fresh pork are reported in the same city.

QUERIES AND REPLIES.

Duties of Physicians.

Is there a law in existence in Pennsylvania or the United States, that compels a physician (if he chooses not to do so) to give his assistance to any and all cases that he may be called upon? J. B.

Reply. There is no such law in the United States.

Fracture of Patella.

Dr. W. W., of Canada.—Can transverse fracture of patella unite by bone? Are any such cases recorded, and where?

Reply. Fractured patella will unite by bone, if the fragments are kept in apposition. Malgaigne claimed eleven consecutive cases of bony union by the use of his hooks. See Druitt's "Surgery," third edition, p. 258; Holmes' "Surgery," vol. II, p. 878.

Dr. R. H. W., of Ohio.—1. It is contrary to the spirit of the Code of Ethics, for a physician to publish, or allow to be published, accounts of his cases in the local papers. 2. It is unfortunately customary for physicians to bid against each other for such positions as district physician, etc.

OBITUARY.

MR. JAMES HINTON.

Aural surgery has been most unfortunate in England during the last few years; first, in the death of Joseph Toynbee, F. R. S., who, in the investigation of the combined action of two of the most potent sedatives, fell a victim to his zeal and devotion to the cause of suffering humanity. Then followed the late Peter Allen, M. D., a worthy successor to Toynbee, at St. Mary's, who, although not so distinguished in the physiological and pathological study of the ear, had devoted much time and attention to "aural catarrh," and issued a most practical volume for the busy practitioner, in 1871. The first edition was quickly sold, and owing to his death, a second, which he had almost ready for the press, was published in 1874, under the care of his friend, Haynes Walton, Ophthalmic Surgeon to St. Mary's Hospital.

Now comes the sad news of the death of Mr. James Hinton, well known both to the profession of England and the United States, as an accomplished aural surgeon, and author of a most valuable text-book, and set of plates, which had only been issued during 1875, and added much to his well-earned fame as an author. "Dr. Hinton's accomplishments as an aural surgeon secured him a lucrative practice; but after a few years he relinquished medical practice, in order to devote his time to social and ethical philosophy, of which he was an ardent advocate. His philosophy was of Hegelian descent, but modified by his applications of it. Many of the younger men of both Universities, and a large body of readers of his works—"Man and his Dwelling-place," and "Life in Nature"—learned from him lessons of love and self-renunciation, taught in language so ardent and with such earnest devotion, that they became the starting-point of much that is good in their lives and their works. Mr. Hinton had written much for private circulation, and, within the circle in which his influence as a philosophic teacher was felt, his loss will be most deeply lamented.

MARRIAGES.

HILLS—BULKLEY.—In Cincinnati, on Tuesday, January 18th, at the residence of the bride's mother, by Rev. S. D. Burchard, D. D., Arthur T. Hills, M. D., and Anna R., youngest daughter of the late Charles H. Bulkley.

MORGAN—CLARK.—January 15th, at the residence of the bride's mother, by Rev. Dr. J. F. Garrison, Dr. Randal W. Morgan, of Camden, and Miss Eva Clark, daughter of the late Dr. Charles F. Clark, of Camden.

SHOEMAKER—LOGAN.—On the evening of the 5th inst., by the Rev Frank Robbins, Dr. John V. Shoemaker, of Philadelphia, and Miss Jennie M. Logan, of Pittsburgh, Pa.

STARR—DYER.—On the 6th inst., at Chester, Pa., at the residence of the bride's father, John G. Dyer, Esq., by Rev. P. H. Mowry, Dr. Samuel Starr and Mary C. Dyer.

THOMPSON—WRIGHT.—At the residence of the bride, January 1st, by the Rev. W. L. Hypes, Dr. J. F. Thompson and Miss Mary J. Wright, daughter of the late A. W. Wright, Esq.

DEATHS.

BALDWIN.—In Brooklyn, on the 15th inst., Oliver B. Baldwin, M. D., aged 81 years.

DODGE.—On Sunday, January 16, Edith Draper, daughter of Dr. Henry N. and Mary J. Dodge, aged 14 months and 25 days.

And on Wednesday, January 19th, Mary J., wife of Dr. Henry N. Dodge, and daughter of the late Moseley I. Danforth, aged 26 years.

HALL.—Saturday afternoon, at 4 o'clock, Dr. D. N. Hall, aged 28 years.

KNIGHT.—On Wednesday, the 19th instant, William L. Knight, son of Dr. William L. Knight, aged 26 years.

THE

MEDICAL AND SURGICAL REPORTER.

No. 988.] PHILADELPHIA, FEB. 5, 1876. [VOL. XXXIV.—No. 6.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

NOTES ON HEADACHE.

BY S. WEIR MITCHELL, M. D., M. N. A. S.,
Of Philadelphia.

(*Continued from p. 208, vol. xxxii.*)

Since writing first on headaches in this journal, I have received a large number of letters from physicians, asking for information on points which I have but merely alluded to, or in corroboration of my statements. I think it well, therefore, to state, when continuing these notes, that they are merely what I described them as being, clinical sketches, outlines and hints, rather than full descriptions.

Headaches of Anæmia.

While considering the subject of headaches, I find on my note-books many which seem to be due to the condition we know as anæmia. Of course, anæmia is apt to make fertile ground for the increase or the production of hemicrania in its varied forms; but, apart from these, I meet with cases, especially in women, where the head pain is distinctly anæmic in its parentage. I am not always sure that in these the immediate cause is local defect of blood-supply, as the term anæmic headache might lead the reader to suppose, because such people are singularly prone to congestive troubles; but on the immediate conditions which give rise to or are associated with head pain, as with other pains, it is not always easy to theorize to any advantage; while, on the other hand, it is often easy, and for treatment, essential, to get our minds clear as to the remoter causes of cephalalgia. The true anæmic headache is not a steady pain. It comes anywhere in the head, most often at the vertex or over the eyes, and comes and goes, being apt to arise on exertion of either mind or body, but more often causelessly. Naturally enough, such headaches in anæmic women come on especially at the close of each menstrual flow, and are bettered by any agent which lessens that loss. I can recall, as can most physicians, I suspect, many such cases.

I remember one, especially, because of the long continuance of the headache. Miss B., aged twenty-two, was subject to enormous menstrual losses, which were treated with varying success, but without the discovery of any organic cause to which they could be referred. By degrees she began to have headaches, which were occasional and irregular, but never absent one day. The menstrual flow left her always with a fierce headache of the whole head, which persisted for several days. By putting her in bed for ten days, at each period, and by feeding her then without reference to her appetite, I succeeded in greatly lessening the flow and in relieving the headache. She believed herself unable to take iron, but by concealing the pyrophosphate in malt and food she took it well, in the large doses which I am fond of using. As her anæmia lessened, so did also the flow of blood, and, by the means I have spoken of, she was at last restored to full health again, losing her headaches on the way. Similar headaches are not infrequent from the excessive bleeding of piles. I have also seen headaches which were due to the anæmia of splenic enlargements, the result of malaria. Probably these may be not unfamiliar in the South. Sometimes, when the malaria has ceased to show as ague, the enlarged spleen, if not very obvious, may remain an unsuspected cause of anæmia.

Miss C. L., aged thirty-three, lived in the South many years, and had repeated agues, but since her residence here had long ceased to be annoyed by them. She had noticed, however, that her well-marked anæmic state dated from the last and worst of the malarial attacks, and that soon after she began to have headache, which came and went, and was worst after her menses, and whenever she was tired. She had been treated with many tonics, and, as she said, had been "well ironed," with little good effect.

Upon going over her case with care, I found the spleen notably enlarged. From thence the headaches were treated through the spleen, by quinine and iron, and by the shock of a cold douche, allowed to fall on the region of the spleen. The treatment was long and troublesome, but was in the end successful.

I think it will very often be found that persons who have headache from lack of wholesome blood, may bring on their pains easily by using the brain in any trying work. It is, therefore, necessary to examine and exclude the eyes as a source of the pain, since, as I have tried to show in this journal, eye-strain is a common cause of headache, and in an anæmic person has redoubled power to injure. But even setting this cause aside, we find that mere use of the brain is apt to cause pain, when the organ is badly nourished. Then we see the face flush, the eyes redden, and with the pain comes a sense of fullness, which makes anæmic people feel as if to lose blood would ease them. Probably, as I have said, there is in such cases a temporary local fullness, and I find, at least, that such women easily suffer pain from small doses of nitrite of amyl. Small doses of belladonna, with like amounts of digitalis, are, in these people, useful adjuvants when the head pain itself demands a special treatment. Of course, iron must be the main hope. But iron is sometimes fatal to digestion, is incapable of being borne by others, because of the head symptoms it causes, while in a few persons it seems to have no value. As to this, at least, I am sure that almost all practical men will agree with me, that no amount of iron seems, in certain anæmias, to be of the slightest use. This is partly due to neglect of the causes which contribute to produce this state of anæmia. But supposing that no malarial trouble, no mental or moral strain, no prolonged loss of sleep, are to be met and provided for, as causes, and all of these are in some people sources of anæmia, we shall still have left a proportion of cases which are rebellious to the usual modes of giving iron. Where this is the case, I find that the use of some neutral salt of iron, like the carbonate or lactate, before the meal, and a full dose of muriatic or phosphoric acid after the meal, is often followed by success. Neither in such cases do I give iron in small doses, but gradually rise to very large ones, as twenty to fifty grains a day of carbonate.

And now we come, at last, to the cases of anæmic headache, neuralgic or not, which are said not to bear iron. The true cases are rare. There are enough women who think they cannot take it. With either class good may be done by the iron waters, which are not looked upon as medicine, or by putting in the food some one of the tasteless salts of iron, absolutely cooking with the food a small amount of pyrophosphate, for instance, or pulv. ferri. One other resort is left in the headaches I speak of, and where all else has failed. It is the treatment by rest. As to this, I refer the reader, for general directions, to my Lecture on Rest, in Séguin's series. It means, of course, something more than mere rest in bed, which used alone is tedious, and useless or hurtful; but if you put in bed anæmic persons, and exercise their muscles passively, with shampooing and the induction currents, rest will at once lose its evils and become only helpful. Then, too, iron will be well borne and useful, and by using it with malt extract and cod oil, it is often easy to build up constitutions which have seemed to be hopelessly impaired. With the gain in health, color, and flesh, the headaches lessen in number and severity; but where they are pure megrims, we can rarely expect to see them fade away entirely, and they will commonly linger last about the menstrual period. I shall, of course, be told that such a method of treatment is impracticable in most cases, which is true; but the number who really can be helped by no other means is small, and years of suffering, and the endless sense of being tired, predispose such people to accept any means which promises relief. The other criticism which has been made, that it is dangerous to put women in bed, because it is not easy always to get them up again, I have answered in my original paper, and I can only say that I have not yet met with this difficulty; and as to any fear of injuring health, or causing pulmonary troubles by the long rest in bed I advocate, it may be set aside

as disproved by a long experience, which has taught me that many cases of pulmonary troubles improve enormously when treated by rest, over-feeding, and that exercise without exertion which is a distinctive feature of my treatment by rest.

Headaches of the Decline of Life.

These cephalalgias are, for me, always full of suspicion. If a person who has been free of headaches begins, late in middle life, to have them, the case is usually one which will need every care we can give it.

In such cases, after excluding the eyes as a cause, it is most needful to make sure that the headache be not remotely due to albuminuria from contracted kidneys. In an article in the Philadelphia *Medical Times*, August, 1874, on the nervous accidents of albuminuria, I have already spoken of this matter, and have there given three cases of headache, in all of which albuminuria was the unsuspected parent of the pain. But after putting aside these, and the still more common causes of headache, as gastric disorder, and the constipation of old age, there yet remain headaches which have often, I think, some relation to the causes which, in the old, produce hemiplegia.

These headaches are apt to occur on one side of the head, or to be most felt on one side when even the whole head aches. They are liable to be attended by a sense of fullness and by throbbing, and they are extremely apt to be felt every morning on awakening from sleep.

Headache is one of the near prodromes of hemiplegia, according to the books, but in my experience it is not a very common one; while as a more remote warning it has value, but is still not very frequent. I have hesitated, in these brief clinical sketches, to speculate much on the causes of symptoms, nor do I see my way here to say what it is in the state of a head with degenerating vessels which gives rise to pain; yet, practically speaking, I am sure of the fact. I every now and then meet a man who has headache and slight numbness on one side, and who may or may not have had a slight hemiplegia. I bleed this man by leeches, a few ounces. I am perfectly sure he will be free of pain and eased of numbness for some time to come. I take the blood from the temple and from the back of the ear on the worst side. The immediate connection in these regions with the brain-feeding vascular areas beneath them is clear and abundant, and it does seem as if the local depletion eased a local overplus, and that the distended vessels did not give way anew for some time to come; but this is speculation merely, while the valuable fact as to the use of leeching rests unchanged, however we explain or do not explain it. Hard, too, to fully comprehend is the other fact, as to which I am quite as sure, that in a florid man, well on in the fifties, or over them, with a strong heart, throbbing headaches and hints of hemiplegia, in the way of unilateral numbness or tingling, the leeching is made of longer use, and even of permanent value, by restricting the diet to vegetables, milk, and fruit. I could easily quote case on case in support of these assertions, but one shall answer.

A stout, somewhat ruddy gentleman, aged 61, from Delaware, called on me two years ago, with the following symptoms: a strong pulse and heart-beat; slightly beaded radial arteries; a faint senile arc; large, tortuous, visibly full temporal arteries. An occasional increasing numbness of the left side ending in a slight hemiplegia, two years ago; but before this, and since, he had daily headache on awakening, and of late attacks of dull, throbbing ache; not worse on one side, but, when present, nearly always accompanied by a sensible over-action of the heart, and by increased left-side numbness. Cardiac sedatives and purgatives aided him none, but a full leeching gave immense relief. In three weeks it had to be done again, in two months yet again. Then I urged absolute deprivation of meat, and that has succeeded, so that only once since has he been leeched. Tobacco had something to do with the first of his headaches, and was at least potent in ability to bring one on, when used in excess; at last he learned this, and ceased to smoke as much, which presently lessened the number of attacks, but did not prevent them altogether. At last he acquired that curious cardiac sensitiveness to tobacco, which grows on some old smokers, and he was forced at last to abandon it. Nevertheless, the headaches remained.

There is one most remarkable fact in the history of neuralgic headache (megrim); it is very apt to cease as men grow old; but, also, it is apt to disappear, and return no more, in those who have had a single hemiplegic attack, however slight. I find in my note-books seven cases of hemiplegia, three right and four left, in which are noted this most interesting peculiarity.

SYMPATHETIC IRRITATION OF THE BLADDER.

BY W. T. CHANDLER, M. D.,
Of Campbellsville, Ky.

Sympathetic irritation of the bladder is quite a common sequela of surgical operations upon the rectum. It is not because of the infrequency of the trouble that I delineate the following case, but because it shows the occasional intractability and unusual severity of this complication. It is also my purpose to elucidate a therapeutic measure which I think worthy of repetition in similar cases, and that may be of advantage to others, as I have found it of infinite satisfaction to myself. The patient, a male, aged thirty years, of lymphatic temperament, had been a sufferer from hemorrhoids for about ten years. The continual loss of blood accompanying each act of defecation had much reduced the patient's strength, from spanæmia, when he applied to me, about the middle of last November, for medical advice. At this time I operated upon him, ligating each hemorrhoid by passing a doubled cord through its base, and tightening the separated threads upon either side of the pile. The strangulated mass was then returned into the rectum, and replaced above the sphincter.

The slough came away on the sixth day after the operation, and on the ninth the patient expressed himself as well. On the following day, however, he was seized with a severe pain, referable to the neck of the bladder, on attempting to urinate. This was soon succeeded by complete retention of urine, and for the following ten days catheterization was necessitated to relieve the patient. In the meantime he was harassed by an incessant desire to micturate. There was also a dull aching pain in the prostatic portion of the urethra; this pain was subjected to occasional exacerbations of a most excruciating kind, lasting from thirty minutes to two or three hours. Opium, chloral hydrate, bromide of potassium, and aconite, were administered per orem at different times. Morphine was also administered hypodermically, but all with scarcely temporary relief from immediate sufferings, though given in large and repeated doses. Quinine was exhibited on the supposition of the probable neurotic character of the pain. This remedy also seemed indicated from the periodicity of the exacerbations, but it did no apparent good, though continued in large doses for several days. There was in fact, however, a rectitis of an acute character, with marked tenesmus and scalding pain, with the passage of fecal matter.

On making an examination with the anal speculum, the mucous membrane of the rectum was found injected, red, and swollen. The hemorrhoidal vessels were congested and tortuous, and there was excessive hyperæsthesia of the parts. I ordered the following:—

R. Extracti belladonnæ,	gr.v	
Morphiæ sulphatis,	gr ij	
Acidi tannici,	gr.iv	
Olei theobromæ,	q. s.	M.

Ft. sup., No. 4.

Sig.—Use one at night.

Judge my gratification and surprise to learn on the following morning that the patient had slept well, and for the first time in a fortnight voided his urine without pain. There was a slight return of the trouble during the day, but this yielded kindly to a repetition of the suppository at night. This treatment was used for four nights, after which it was discontinued, the patient having been completely relieved of his trouble.

There are several facts to be deduced from this case. First, the operation for hemorrhoids is not always a trivial one; rectitis of a violent character may follow it (to say nothing of iliorectal abscess and septicæmia). Hence it is not advisable to ligate a great number of piles at once; better ligate a few, and trust to obliteration of the contiguous piles from plastic deposit, the result of moderate inflammation excited in the parts. Should this fail, the operation may be completed at a more recent date.

This case shows the importance of the direct application of medicinal agencies to the diseased parts, and its superiority over general medication. It also illustrates the fact that anodyne medication, though usually only palliative, may, by virtue of its anæsthetic properties, become curative by calming nervous irritation, and thus predisposing to resolution in inflamed parts.

HOUR-GLASS CONTRACTION.

BY MILES D. GOODYEAR, M. D.,
Of Gorton, N. Y.

Because of the variety and severity of these cases, the medical attendant, when they confront him, feels a chill of dread creeping over

him, not so much on account of his well-earned reputation as for the ultimate recovery and safe delivery of his patients. One cannot prognosticate a case of hour-glass contraction at the commencement of labor, but nature clouds her future with doubtful threads of light until such a time as she wishes to disclose it. These deviations are noted rarely, except with the delivery of the placenta. I take from my notes a case, the like of which I have, as yet, been unable to find as recorded by any previous observer.

On the afternoon of April 17th, 1874, I was called to see Mrs. C., aged 31; primipara. I found my patient somewhat alarmed because of the severity of the but rarely recurring pains. But the fears were easily quieted by a small dose of morphiæ sulph., and my presence. Pains continued to come on with about the same regularity during the night and morning of the 18th, and at noontime all quieted down, and I returned home. It being the one hundred and sixtieth day only of duration of pregnancy, as calculated from our best data, the womb not presenting the appearance of continuing labor, and the pains being of that snappish kind which seems more characteristic of a "false-alarm" than true labor, it was deemed best to let the patient rest for a time before endeavoring to induce a continuance, even though fœtal life had not been manifest for some time previous. During afternoon and evening noted some slight pain, but all became quiet when morning came on.

But in the evening of the 19th (after drawing the water, the os being found somewhat dilated) labor came on in good earnest, and my patient was delivered of the dead child at two o'clock on the morning of the 20th.

All pains now immediately discontinuing, and finding the deformity remaining as before labor, and the placenta failing to easily come down, I sought to diagnose a second child by examination per vaginam, when the placenta was found attached at the fundus of the uterus, and it was still quite impossible for me to make out the kind or condition of the body above. There being but little hemorrhage, but little ergotin was used, and my patient continued through the day, some of the time groaning, with well-marked pains, and at other times sleeping quietly.

At six o'clock on the afternoon of the 20th, Prof. T. Hyde, of Cortland, New York, and Dr. J. Goodyear were requested to meet me in consultation.

Under the existing circumstances it was thought best to make a more thorough examination, which, by special request, was conducted by Dr. J. Goodyear. He found, after removing the placenta, an hour-glass contraction, with an opening of communication, of not more than one inch in diameter, with the other portion of the womb, where could be distinguished another child. By gradual expansion the operator was enabled to bring down a foot, and on traction being made pains came on, the child descending slowly; and it was at the same time noticed that, as this contracted portion would come to the more solubly developed portions of the child, little advancement could be made without resorting to more persistent traction. This kind of advancement continued to be made until this contracted portion came to the head of the child, where, for a few minutes, it seemed entirely to be arrested, when, as if something was giving away, the child made rapid advances by the woman's natural efforts, and was born headless.

Thus our patient was found in the early morning of April 21st, after having been delivered of two separate placentas and two children, with the exception of one head, which still remained in the upper cavity of the unnatural womb. No flowing followed; patient slept some from exhaustion, and with but little tympanites. Was called in on the morning of April 22d, and found the head brought nearly down by the organ's own power. No more hemorrhage than would have been considered safe, but the circulation showed considerable activity with the increasing distention. With a continuance of these symptoms, she died, on the afternoon of April 24th, 1874.

Query. Was this a natural hour-glass developed womb, natural in the woman herself?

Hospital Reports.

PENNSYLVANIA HOSPITAL.

SERVICE OF DR. JAMES H. HUTCHINSON, JANUARY 5, 1876.

REPORTED BY GEORGE W. M'CASKEY, STUDENT.

Case 1.—Pyæmia Following Gonorrhœa.

The patient whom I shall bring before you first this morning was admitted into the hospital on December 21st, of last year, and has,

therefore, been under my care for about two weeks. The history which we obtained of her case, and her symptoms at first, seemed to indicate that she was suffering from typhoid fever. Thus, she tells us that her health, up to the beginning of her present illness, was always good; that she has no hereditary predisposition, as far as she knows, to any form of disease; that on the 10th of December she began to suffer from headache and lassitude, which did not prevent her from doing her usual work. At the end of three days, however, she had a chill of moderate severity, which was followed two days after by cough and diarrhœa; her bowels moving about six times in the twenty-four hours. There was no bleeding from the nose.

On admission, the patient had considerable fever, severe headache, dry and furred tongue, complete anorexia, and diarrhœa. Some tympany, with tenderness in right iliac fossa, and marked subsultus. There were no rose-colored spots; and her mental condition, considering the amount of subsultus, was fair. On examination of the chest, dullness was detected posteriorly over the left side, percussion giving rise to some pain in this region. Auscultation revealed the presence of moist râles on both sides, and of friction sounds on the left. These signs indicated the existence of bronchitis, with some pulmonary congestion, and pleurisy on the left side.

These are symptoms, I need scarcely tell you, usually indicating the presence of typhoid fever, and accordingly I placed the patient upon two grains of sulphate of quinia, with ten drops of dilute muriatic acid, three times daily. A day or two afterward, I was struck, upon approaching her bed, with the fact that the left eyelid—the side upon which she was lying—was œdematous. Now, it is my rule to have the urine of every patient carefully examined, as soon after their admission as it can be procured. In this instance, the nurse had neglected to send any into the microscopic room, and we were, therefore, in ignorance as to the condition of the patient's kidneys. An examination was made immediately after this visit, when the urine was found to contain albumen in great abundance. As, however, no casts could be discovered under the microscope, and as the urine also contained a large quantity of pus, which is, as you are aware, an albuminous fluid, I thought it not unlikely that the albumen was due to the presence of the pus. Pus in the urine may be derived from several sources; the most frequent cause of it, in a young girl like the one before you, is a leucorrheal discharge. Upon questioning the patient, whose statements were corroborated by the nurse, I found that she was suffering from a profuse discharge from the vagina, the character of which, as well as the degree of inflammation attendant upon it, awakened my suspicions as to its nature. I do not care to go through the steps of the process by which I satisfied myself that she was suffering from gonorrhœa; suffice it to say, that I have obtained evidence that she has put herself in a way to contract this disease. She was, therefore, ordered the following injection:—

℞. Zinc. sulph.,	gr.v	
Acid carbolic,	gtt.iij	
Aquæ,	℥j.	M.

The discovery of the gonorrhœal discharge has made me change my views as to the nature of the case. I have told you that many of the symptoms which it presents could be readily referred to typhoid fever as their cause. You will recollect, however, that I called your attention to the absence of the rose-colored spots, and of mental hebetude. I may add that there has never been any deafness; and yet, notwithstanding that these two symptoms, so characteristic of severe typhoid fever, were wanting, the subsultus has been a marked feature of the case. It has occurred to me, as not unlikely, that the patient is suffering from pyæmia of moderate severity, dependent upon the absorption of some of the products of the gonorrhœal discharge. My reasons for making this diagnosis are the following: In the first place, we have a discharge of most unpleasant odor; in fact, so disagreeable is the smell that carbolic acid was added to the injection to correct it. The nymphæ are œdematous to such a degree, on the left side, that there is reason to believe that an abscess is forming. A few days after the appearance of the gonorrhœa—for we can assume, I think, that the history she gave us is not strictly truthful—she had a chill. Now, this chill, although slight, was sufficiently marked to attract her attention—an event which is of very infrequent occurrence in typhoid fever, to say the least. The other symptoms accompany septic poisoning of this form quite as frequently as they do typhoid fever. There is, therefore, no difficulty in explaining the diarrhœa, congestion of the lungs, bronchitis, and subsultus which were observed in this case.

It may be doubted by some whether the symptoms in the case are sufficiently severe to indicate the existence of pyæmia. There are probably various forms of septic poisoning; but it has not been clearly established, to my mind, that the difference between them is one of kind. It seems most likely to be one simply of degree. The severe forms are usually called pyæmia; the milder, septic poisoning.

The patient before you is certainly not suffering from the severe form of pyæmia. Her temperature chart shows this; but it is also unlike that of a typical case of typhoid fever. She has not had the profuse sweating so common in pyæmia, but she has presented symptoms which I can trace to no other source; for a careful examination has convinced me that the diagnosis of typhoid fever cannot be sustained in this case. You must recollect, also, that pyæmia is not always a fatal disease. Some years ago, a patient who had been injured was transferred to my ward by one of the surgeons, who supposed, in consequence of the existence of pain and swelling of the joints, together with fever, that he had rheumatism; but a thorough study

of the case convinced me that he was laboring under a form of pyæmia, known as pyæmic rheumatism. My colleague subsequently took the same view of the case, and received it again into his ward. The patient finally recovered; not, however, until an abscess had formed near the seat of the original injury. I might refer to recorded cases of recovery, but this is unnecessary.

We have in the male a disease usually known as gonorrhœal rheumatism; this is now known to be nothing else than a form of pyæmia. It does not seem improbable that gonorrhœa may occasionally be the starting-point of septic poisoning in the female.

As soon as I discovered the true nature of the case, I placed the patient upon large doses of the tincture of chloride of iron; and latterly, as symptoms indicating prostration have been present, I have ordered her a moderate amount of stimulants. Under this treatment she has improved.

NOTE.—A day or two after this lecture was delivered, the patient complained of pain and tenderness in the neck, on a line with the left ear. Subsequently an extensive induration formed, which there is every reason to believe will be followed by an abscess.

Case 2—Rupia Specifica.

Anna H., aged 27; single; domestic, and of Irish birth. She was admitted December 30th, 1875. While she was a girl, her health was very good; her family history, however, is not good, one of her sisters having died of consumption, and a brother is now laboring under a cough of several years' standing. When the patient was twelve years old she had a severe inflammation of the eyes, which, after it had disappeared, left considerable corneal opacity. This was treated with blisters on the temples and nape of the neck, which left large cicatrices, which you observe here. Four years ago last September she noticed a small sore on the mucous membrane of the lower lip. She says that this sore started as a small pimple, which soon broke down into an ulcer, which then became excavated and indurated. About three weeks after this time she noticed that there was induration of the glands at the right angle of the lower jaw. She now also began to suffer from headache, general malaise, and some sore throat. During the same season a rupial sore made its appearance on the forehead, and was the focus of considerable inflammation. The sore throat was improving under treatment. In the following spring, large rupial sores appeared on the thigh, which ran a typical course. These were followed, in time, by sores on the body and arms. She was admitted into the Pennsylvania Hospital one year after having the chancre. She remained there for six months, and was discharged greatly improved, with only one small ulcer remaining. But, shortly after leaving, the eruption began to make its reappearance.

One year ago coryza appeared, and has persisted until the present time; no necrosed bone, however, having been discharged.

Last summer osteocopic pains showed themselves, being, as is generally the case with such pains, worse at night. Shortly after this she noticed a node upon her right tibia. Her menstrual functions have always remained undisturbed.

On admission the patient was well nourished. The corneal opacity was present on both sides, the left pupil being exceedingly small, with adhesion of the iris to the cornea at the point of greatest opacity, while the right pupil was considerably dilated.

These scars upon the neck and temples were, as before stated, the result of blisters. Besides these, there are cicatrices upon the forehead, arms, legs, and body, which are somewhat excavated, radiated, shining, and irregular in shape, averaging nearly two inches in diameter. There are four open ulcers at present, viz., two on thighs, one on abdomen, and one on shoulder. The sore on the abdomen commenced as a pimple, some time ago, and has gone on increasing in size since that time, spreading at the circumference, and healing in the centre. At present it is about three inches in diameter, and is covered by an elevated, imbricated, and black crust. The crusts on the other sores are more circular. The urine was slightly turbid, acid reaction; sp. gr. 1025. No albumen or sugar was found. She was ordered the following prescription:—

℞.	Inf. gent.,	fl.℥ss	
	Potassæ iodidi,	gr.x	
	Hydrarg. bichlorid.,	gr.$\frac{1}{32}$.	M.
Sig.	Three times daily.		

Dilute citrine ointment was directed to be applied to the ulcers after the crusts had been removed by poultices.

BELLEVUE HOSPITAL MEDICAL COLLEGE, NEW YORK.

CLINIC OF PROFESSOR WILLIAM T. LUSK,

Professor of Obstetrics and Diseases of Women and Children.

October 28, 1875.—You will remember, gentlemen, that, in a case presented at the last clinic, we found one tumor upon the right side, and a second tumor just above the symphysis pubis, evidently of uterine origin. Each of these tumors seemed to be independent of the other. On account of its mobility, the tumor on the right side had been regarded as ovarian. But the objection to regarding it as such was that it presented all the features of a fibrous growth. Fibroma of the ovary does occur, but it is extremely rare. On careful examination, it seemed as though I could discover a point of attachment between the two tumors, but I was not quite certain about it. I therefore introduced the right hand into the rectum, after the

manner recommended by Simon. There was some difficulty at first in getting above the pelvic brim, from the fact that the uterine tumor completely filled up the cavity. However, by persistently pushing the hand upward and behind the tumor, it became evident that the tumor extended posteriorly far above the brim of the pelvis; and, with one hand placed behind the uterus, and the other pressing from without through the abdominal wall, I could exactly trace a band of union between the large tumor and the uterus, demonstrating the fact that we had a fibrous tumor attached by a pedicle to the uterus. But the pedicle was so small that it allowed the larger tumor to be moved freely within the abdomen, as though it were an independent growth.

Case 1. Here is a woman who has come here to the hospital with the story that she is suffering from a tumor. She certainly looks sick enough to verify her statement, and, as she has been suffering from hemorrhage, there is a suspicion in her case, too, of a fibrous tumor of the uterus. But when I press upon the abdomen, I find it tolerably soft and yielding; and when I practice percussion, I find it everywhere resonant. I try to ascertain whether I can detect anything like fluctuation, but do not succeed in doing so. I accordingly come to the conclusion that we have simply a case of tympanites.

You may think it impossible to mistake a case of tympanites for an abdominal tumor; but among the records of ovariotomy there are a number of instances reported in which excellent medical men have opened the abdomen for the removal of an ovary, and found simply tympanites. One reason of difficulty in making out a diagnosis is the sensitiveness of some women, which impels them to contract the recti muscles, and thereby counterfeit a tumor in the median line. One of the best methods to determine whether you have tympanites or a tumor is to press the abdomen with one hand laid upon the other, and ask the woman to make a prolonged expiration, following an inspiration. With each expiration the abdomen yields. During inspiration the hands hold what has been gained; in the succeeding expiration a further advance is accomplished, until finally, if there is no tumor to prevent, the fingers may be brought into contact with the spinal column. When patients are so sensitive that they will not allow us to perform this manipulation, we may be obliged to place them under the influence of an anæsthetic.

Case 2 Here, too, we have a case of abdominal enlargement, in regard to the diagnosis of which there was some doubt a couple of weeks since. There is a distinct sense of fluctuation upon conjoined manual pressure; and everywhere, upon percussion, I find dullness. I would call to your notice an enlargement and dilatation of the veins upon the surface of the abdomen. Our diagnosis lies between ascites and an ovarian tumor. The distinction is not so easy as one might suppose at the first glance. In the case of an ovarian tumor, we should have dullness over the anterior portion of the abdomen, and tympanitic resonance upon the sides. In ovarian tumors, the intestines, as a rule, are situated beneath; and, of course, then we would have underneath the tumor the tympanitic resonance. In percussing the woman's abdomen, no resonance is heard. In ascites, I should get dullness on the sides; and as the intestines are usually floated upward to the top, I ought to get, as the woman lies on her back, resonance; but in the case of this patient, resonance is everywhere absent. Tympanitic resonance on the right side sometimes occurs in cases of ascites where the cæcum is unduly distended with gas. Again, there may be ascites and no resonance whatever, because the abdomen may be so filled with fluid that their mesenteric attachments do not allow the intestines to approach sufficiently near to the surface of the abdomen to furnish the tympanitic note. In such a case, I would get only dullness, produced by the stratum of fluid between the intestines and the abdominal wall.

The case, therefore, was involved in doubt. The presumption was in favor of ascites, but there was only one way by which certainty could be obtained, viz., by tapping the abdomen. This was accordingly done; when the fluid was withdrawn, the abdomen collapsed, careful exploration became possible, and each organ in the abdominal cavity could be mapped out. It became evident that we had simply a case of ascites.

A single ovarian cyst of great size, completely filling the abdominal cavity, might so closely simulate ascites that even after paracentesis we might be left in doubt as to the source of the fluid. An examination of the fluid, however, would then furnish a certain amount of information. Thus, the ascitic fluid is usually thin and straw-colored, whereas that of the ovarian cyst varies from a clear and straw-colored fluid to a viscid, colloid, yellowish-green or dirty-brown material, containing mucia, albumen, and paralbumin. If we allow the ascitic fluid to stand, there forms a coagulum of fibrin, which is not the case with the contents of ovarian cysts, or, at least, its occurrence is excessively rare.

After allowing the fluid to stand for a while, a microscopical examination of the deposit which forms upon the bottom of the vessel shows in ascitic fluid the endothelium of the peritoneal cavity, and pus corpuscles. Pus corpuscles are rare in the fluid of ovarian tumors, but are always present in the ascitic fluid. In ovarian cysts, the epithelium is of the cylindrical variety.

Sometimes, after tapping, the withdrawal of ascitic fluid enables us to make out tumors in the abdomen which had been previously concealed by the fluid. In a case of this kind which I saw some five years ago, after withdrawing the fluid, a large tumor was recognized on the right side, which became a puzzle to many physicians in the city. Several to whom I showed the patient, after examining

her, said it was a very interesting case, and then went away without expressing an opinion. The tumor was very large, and extended from the right iliac fossa to the liver. It was finally pronounced an ovarian growth of the semi-solid variety. In places it felt hard, and in places it could be felt to distinctly fluctuate. The reason why there was so much perplexity regarding diagnosis, was due to the fact that there was total absence of the vagina. There was, however, a uterus, which communicated through a fistulous opening with the bladder, through which the woman menstruated. This state of affairs rendered a physical examination a matter of considerable difficulty. One day, however, the woman discharged from the rectum over a gallon of pus, when the diagnosis was corrected. She had really peritonitis, with local deposit of plastic lymph, which constituted a large tumor, in which suppuration finally took place; the abscess opened into the intestines, and finally the recovery of the patient followed.

Case 3. I can in this patient distinctly outline, through the abdominal walls, a tumor, which I could not do in the other case. She says that she has not seen her periods for five months. That would lead us to infer that she was pregnant. We must always think of the possibility of pregnancy. There is no excuse for mistaking a case of pregnancy for one of ovarian tumor; but I must tell how I once knew a serious error to occur. A patient, a servant girl, was brought to me some years ago for examination, and I made out very clearly an ovarian tumor. Others saw her, and confirmed the diagnosis. A year afterward she fell into the hands of a surgeon in this city, a man of large experience and wide repute, but not now living, who resolved to perform the operation of ovariotomy. The moment he made the incision through the abdominal wall, to his horror, he found the woman was pregnant. The truth was, the girl, having been told she had an ovarian tumor, thought she was not likely to become pregnant, and so had permitted liberties from a male admirer, which resulted in conception taking place. In despair at discovering her condition, she became urgent to be operated upon for her tumor, and intentionally concealed her state from her physician. She hoped that the operation might prove fatal. The gentleman who operated upon her knew that there was no doubt about the existence of the ovarian tumor, and was so completely thrown off his guard that he failed to suspect pregnancy as a complication. After pregnancy was recognized the abdominal incision was immediately closed, but the patient died within a very short time afterward.

This is unquestionably a case of pregnancy. She has stoppage of her courses, red lines upon the hips and abdomen, from the distention of the cutis. The umbilicus is puffed outward. You may reject at once every case of supposed pregnancy in which you find the umbilicus sunken and retracted. Of course, I mean this to apply to cases where the size of the abdomen would lead me to infer the latter months of gestation. Patients often enough mistake the movements of gas in the transverse colon, the peristaltic action of the intestine, for quickening.

A woman once came to my office to get from me an opinion as to the existence of pregnancy. In a very few moments I was able to answer her question decidedly in the negative. She thereupon became very angry, and told me, first, that she had felt life; and second, that she had received the assurance that she was in the family way, from a doctor with white hair, who ought to know better than I did about such things. I asked her then if she was married. She replied that she was not. I asked her why she thought she was pregnant; that in my experience cases of parthenogenesis were uncommon. She stated that she was a cook by profession; and that, one warm night in the previous summer, she had retired to her room in the top of the house, where the excessive heat led her to leave both windows and doors open. As she lay uncovered upon the bed, with the bright moonlight streaming in upon her, the master of the house passed through the entry—and—that the case was not one of parthenogenesis at all. She had kept quiet until she had distinctly felt life, when she consulted a lawyer, who had advised her to bring a bastardy suit against her employer, and that the lawyer had sent her to me in the hope that I might commit myself to an opinion which would be employed in the prosecution of the suit.

I have no further time to pursue the consideration of the signs of pregnancy to-day. In the case before us, I make out distinctly the sounds of the fœtal heart, and I detect ballottement by vaginal examination, two unmistakable signs of the existence of the pregnant condition. But I shall take occasion very frequently to call your attention to this subject in the clinic here during the course of the winter. Errors in diagnosis of pregnancy are always injurious to a physician, and a mistaken opinion as to its existence may prove ruinous to the woman. During the past year, while in the dispensary one day, two women brought in a young girl of fourteen, accusing her of bad behavior, which had brought her to trouble. A few general questions addressed to the girl, though answered sullenly, furnished nothing to support the suspicion of the females accompanying her. I asked if there was no mistake. The women said, No! That, in the first place, they had the confession of the young girl; and secondly, that they, experienced matrons, had convinced themselves by ocular demonstration that the girl was pregnant. I said to her: "You have been a bad girl?" "Yes," she answered, stonily. "You have been about with the men?" "Yes," she said, unmoved. I then looked at the breasts; no change was manifest. Upon the urgent demands of the women, I attempted to make a vaginal examination. The hymen, however, was perfect, and would only just admit a uterine sound; there was no redness about the vulva;

the uterus could not be felt above the umbilicus. I was able at once to declare the entire innocence of the girl of the charges brought against her, and said to her: "Now, tell me the truth, for you have evidently been frightened into making your previous confession." At once the hard face relaxed; the girl began to weep, and at last, after some difficulty, I ascertained that she had had a diarrhœa; that to reach the water-closet it was necessary to pass some masons who were working about the house, who had occasionally spoken to her. That had been the full extent of her relation with the opposite sex; but on learning from the old women that she had committed a criminal offence, and was with child, she had made up her mind to throw herself into the East River. With the recollection of the hard, rigid, defiant expression she wore before her reputation was cleared of suspicion, I am disposed to think she would have kept her word.

Case of Condylomata.

November 11th, 1875.—Our patient denies any venereal origin of her trouble. It began, she says, about four weeks ago. She claims to have never suffered the smallest degree of pain. You notice that the surface of the growths is denuded in places of its epithelium, and that from these abraded points there is a constant fetid discharge taking place. These condylomata are due to enlargement of the papillæ, and rarely occur, except in women who neglect the niceties of the toilet. Most women, even the most abandoned, are usually very careful in keeping the vulva perfectly clean. If women happen to have a vaginal discharge, and they neglect to practice ordinary cleanliness, such a difficulty as we have here is likely to occur. Condylomata are very common as outgrowths from syphilitic ulcers. I do not think there is any suspicion of syphilis here, but there is pretty strong evidence, in spite of her denial, that she did have gonorrhœa four weeks ago, which she neglected; not so much because she is naturally dirty and careless, but because she was a servant, constantly employed, and had imposed upon her the necessity of keeping her condition concealed from persons around her. So the gonorrhœa had been allowed to go on; the irritation has caused these papillary outgrowths, which so far interfere with locomotion as to oblige her to enter the hospital.

It is generally the custom to apply strong caustic to these outgrowths, or to snip them off with scissors. I am going to try a different plan in this case. Fournier, in his very excellent work on "Syphilis in the Female," advises that caustics be not used; but says that if we keep the patient at rest, the parts clean, and allow the abraded surfaces to heal over, we will find that the growth will in three or four weeks be absorbed and disappear altogether. We will first sprinkle the surfaces with some isolating powder; I shall order one composed of bismuth and salicylic acid, eight parts of bismuth to one of salicylic acid; then I shall direct the nurse to wash her four or five times a day. She will twice a day use the continuous douche to keep the vagina clean. In addition, for the vaginitis, every second day, the house physician will introduce a tampon of cotton, wetted in a solution of glycerine and tannin (one drachm to one ounce). In a couple of weeks I will present the case to you again, and if I am then disappointed in my expectations of improvement, I shall resort to caustic applications or the scissors. [*By the end of four weeks, the main growth, which was originally the length of the index finger, had spontaneously disappeared*].

Case 2. I have here a case of carcinoma, not confined to the cervix alone, but extending up into the cavity of the uterus. Indeed, with a Sims' speculum, it is quite possible to see the walls and the fundus of the uterus. The patient has been suffering a great deal from hemorrhage, and is now excessively anæmic. Patients with carcinoma uteri do not die directly from the hemorrhage, although the latter is often very profuse. Hemorrhage is most common in those patients in whom you find a hypertrophied condition of the papillæ of the mucous membrane of the cervix; whereas in cases where extensive necrosis of the tissue takes place, in which we would naturally expect excessive hemorrhage to be, it is, on the contrary, somewhat rare. In such cases it occurs only where, as a result of necrosis, some vessel is laid bare. It is the oozing from the papillary outgrowths on the surface which gives rise to the ordinary hemorrhage. Upon this fact is based a plan of treatment in cases of cancer which I am going to show you to-day.

We find on examination, in this case, that the uterus is enlarged. The canal of the cervix is converted into a great hollow cavity, upon which the hypertrophied papillæ are everywhere visible. As long as it remains in its present condition, the patient will continue to suffer from hemorrhage; but by at once destroying these papillary outgrowths, I shall control the hemorrhage, and thus I may prolong the life of the patient.

Women with uterine cancer, when no treatment is adopted, rarely live over eleven to twelve months; whereas, in cases treated by the removal of all the fungous granulating tissue, you will often witness a surprising improvement in the symptoms. A patient who died here only a week or ten days since, of uterine cancer, came into the hospital, two years ago last summer, in an advanced stage of disease, and was treated alternately by Dr. Taylor and myself, by scraping away the degenerated tissue, and applying the actual cautery. She was discharged after a few months in a greatly improved condition, but in about five months returned, to be again treated in the same way. Again she left the hospital relieved. This went on, each operation giving her comparative comfort, for five or six months following. Finally, she came back for the last time. The scraping process had been repeated until we had got so near to the peritoneal cavity, that it was dan-

gerous to proceed further. I then desisted from treatment, preferring that she should die of her disease than be the direct instrument myself in bringing about the fatal result.

In using the actual cautery, I can recommend Leiter's blast-lamp as a very convenient one for heating the irons. It differs from the ordinary blast-lamp, in that it has a lead base, which prevents it from upsetting. It is quite large, is furnished with a safety-valve, and you can evolve from it all the heat you need. I never have any trouble with this instrument; but in the smaller one, such as is used in the chemical laboratory, the alcohol generally burns out before the irons are heated. I have known the cork used to close the aperture at which the alcohol is introduced, to fly out, and the burning alcohol to be scattered all around the room, to the annoyance and alarm of everybody, and the delaying of the operation.

In making the application, I can recommend these small cautery irons, with olive-shaped extremities, the pattern of which I obtained from Dr. J. E. Taylor, and which I believe are original with him. Usually the cautery irons are made very much too large to apply with safety or with convenience.

I put my patient under the influence of an anæsthetic, not so much on account of the pain, as because of the alarm that is apt to be felt by the patient upon witnessing the preparations for the operation. Where the vagina is not involved, we can get an immense amount of light, and can reach the parts best, with Dr. Taylor's so-called columbiad speculum. It looks large, and there is some difficulty in introducing it unless the patient is under the influence of an anæsthetic.

There are various forms of scoops employed for the removal of the diseased tissue. Recamier's scoop, which I now show you, is intended to break off large masses. It is strong, and has a blunt edge. Here is another, which I think is the invention of Dr. Sims, which has a sharp edge. Here are the spoon-shaped scoops of Simon, with sharp edges, with which we can dig out the tissue in cases where it would be impossible with the ordinary instruments.

In the case of this patient, the discharge is offensive. The first lecture I ever attended in this institution was one given by Dr. Sayre, who had a number of patients with chancroids. Dr. Sayre, in the way of practical instruction, dipped little pieces of cotton in the secretion from the sores, and, placing them in a saucer, insisted on their being passed around the class, for us to familiarize ourselves with the smell. I present to you in the same way a teacupful of watery discharge, from which you may judge of the characteristic odor of that which comes from uterine cancer.

You can now see through the speculum the granulating condition and the soft fungous tissue of the diseased surface. Now I scrape away all that soft, mushy tissue, and apply the cautery. Under the cauterized tissue, a healing process will go on, to the relief of the patient. As I dug out all that soft, pulpy tissue, you naturally expected that we would have a considerable amount of hemorrhage; but in reality it was very slight. I think that the most of you can see now that we have a clean surface

This is one of those operations which does not require any special skill. Any one of you, if you are placed in a position where you are obliged to treat a case of cancer like this, can do what is needed, if you have the will, just as well as I can; and inasmuch as you can thereby relieve the sufferings of the patient, and stop the hemorrhage for the time being, and prolong her life, you are bound to act boldly.

After the vaginal tissues are all infiltrated with cancerous matter, you had better let the case alone. If you attempt to introduce a speculum, to guard the surrounding parts from the heat of the cautery iron, you are liable to push the speculum through the anterior or posterior wall of the vagina, and produce a fistulous communication with either the bladder or the rectum; so that the cases that are suitable for this operation are those in which you can introduce a large speculum with safety.

Without the aid of the speculum, you may, however, still, with the guidance of your fingers, introduce the scoop and scrape away the soft fungous tissue from the cervix, which gives rise to the hemorrhage and discharge. During this last week this woman had two hemorrhages, which were so profuse that she became alarmed, and came into the hospital for treatment. If we have the usual success in this operation, I think that in the next three or four weeks she will improve sufficiently to go out, and live in comparative comfort for a greater or less space of time.

In these patients you know that the usual symptoms are pain, disgusting discharge and hemorrhage. The pain is a very late symptom; so long as the disease is confined to the cervix, it will probably be absent altogether. If the hemorrhage happens to be slight, the woman is apt to think she is only having too free a menstrual flow. If it happens to come at the change of life, as is usually the case, she looks upon the profuse hemorrhage as incident to changes which attend that period of life, so that she is not apt to present herself for examination until after the disease has made considerable progress; but she generally seeks treatment before there is a great deal of pain. As in the earlier stage, the disease is confined to the cervix; if there is no inflammation in the surrounding tissue, no peritonitis, there is little pain. When the infiltration has reached the body of the uterus, the vagina, the rectum, and the bladder, you find that pains are present, and are of the most intense character.

—False hair is disappearing. The absurd and unhealthy fashion of piling it on the head is "going out." The "artistes capillaires" take, if wanted, silk thread instead of false hair, using it as chignons.

Medical Societies.

ALLEGHANY COUNTY MEDICAL SOCIETY.

Stated Meeting, Jan. 18th, 1876. Dr. G. E. Porter in the chair.

Dr. G. B. Fundenburg reported a case of embryotomy; primipara, thirty-two years of age. The forceps were applied, and traction made at intervals for two hours and fifteen minutes, after which time, finding that no progress whatever had been made, craniotomy was performed, and the child, which was not a large one, delivered. Mother has since done well. Dr. Fundenburg thought the trouble was due to simple retracted pelvis.

Dr. G. E. Porter reported a case of post-mortem of a man who received a fracture of the fourth lumbar vertebra, causing a general paralysis of the lower limbs. This happened in the mines, three years and six months ago. His health, in the meantime, had been good, and he had grown quite corpulent, though he had, from time to time, attacks of cystitis, passing large quantities of calculous matter.

After death, which occurred a few days since, a calculous mass, as large as a walnut, was found imbedded in the left kidney, a calculus in one of the ureters, and two calculi in the bladder.

Dr. C. H. Ohr reported a case of habitual constipation and difficult micturition, which seemed to be caused by the prepuce being tightly drawn forward over the head of the penis. Circumcision was performed, and in a few days a diphtheritic deposit appeared on the wound. The case was treated with unguentum zinci, with a rapid disappearance of all the unpleasant symptoms.

Dr. George B. Fundenburg reported a death from paralysis of the heart, following a mild case of diphtheria. Dr. G. E. Porter reported a similar case.

Dr. McCormick reported a case of diphtheria during which there was a tonic spasm of all the muscles of the body. Patient recovered.

Dr. O. M. Schindel read a most interesting paper on small-pox. Dr. Schindel was one of the physicians appointed by the city to attend the disease during the late epidemic of it. In his paper he mentioned the following varieties of it: malignant, flat, confluent, semi-confluent, discreet, varioloid, variolous fever. With regard to vaccination, he found the more remote from the date of the last vaccination the less was the protection.

Recent vaccinations, if effectual, gave perfect immunity.

A most striking case of the power of vaccination was related in the paper.

A man was suffering from confluent small-pox, and on the eighth day of his disease his wife was delivered of a healthy, well-formed child. Two hours after it was born Dr. Schindel vaccinated it in three places, all of which took.

The father, from the fact that no one would go to the house, was obliged to take care of the child, frequently taking the child into his arms. It escaped the disease entirely.

The doctor tried all of the plans of treatment which have been mentioned, but found that none of them came up to the standard claimed for them by their various authors.

The following is a table of the different varieties, with number of cases, recoveries and deaths which occurred in one hundred and thirty-six cases the doctor had under his care:—

Type.	No. of Cases.	Recoveries.	Deaths.
Malignant,	3	0	3
Flat,	5	0	5
Confluent,	48	21	27
Semi-confluent,	15	14	1
Discreet,	23	23	0
Varioloid,	41	41	0
Variolous fever,	1	1	0

On motion, a vote of thanks was given to Dr. Schindel, by the Society, for his valuable paper.

Society adjourned until next regular meeting.

Wardlaw McGill, M. D.,
Corresponding Secretary.

NORTHAMTON COUNTY (PA.) MEDICAL SOCIETY.

The winter meeting of the Northampton County Medical Society took place at Easton, January 19th, Dr. Amos Seiss presiding. The feature of the meeting consisted of the Report of the Committee on Medical Intelligence. A paper was read by Dr. Leinbach, of Bethlehem, on "Puerperal Pyæmia," in which he related two cases which had recently come under his observation, and propounded the following questions. 1. At full term, how long can a dead fœtus remain in utero without damage to the mother? He emphasizes the "full term," since he quoted cases where, when younger, they remained for months without harm. 2. When with a dead fœtus, and the uterus has ceased contraction, what is the proper procedure? This question was limited to an undilated os. The opinion seemed pretty generally to be, if the bag of waters had ruptured, dilate and remove.

Dr. Mixsell exhibited an extemporized aspirator, being compounded of a hypodermic needle and a Davidson's syringe, with which he had drawn off fourteen ounces of serum, in a case of hydrocele, where the serum was apparently confined in cysts, as many as twenty punctures being made, which prevented the use of the trochar.

Dr. Bachman detailed a case of rupture of the uterus.

These meetings are growing in interest among the members, as is instanced by a proposed amendment to the constitution, to the effect that the Society will meet six times a year in place of four, as now.

Zeb.

EDITORIAL DEPARTMENT.

PERISCOPE.

Rheumatism as the Cause of Varicocele.

Dr. R. M. Corlen, of Cedar Hill, Tennessee, says, in the Nashville *Journal of Medicine and Surgery*, August, 1875:—

We do not hesitate to assert our belief that varicocele is the direct result of rheumatism of the vessels themselves, at least in the large majority of cases.

So thoroughly are we convinced that varicocele is the direct result of rheumatism of the cord, we desire to call the attention of both physicians and surgeons to the matter, hoping that some benefit, at least, may accrue to those suffering from this very frequent disease.

By reference to our note-book, we find the following history of a case, which we think amply sufficient to justify the above conclusion:—

Two years ago we were consulted by a gentleman, married, aged thirty years, fair skin, dark eyes and hair, and of sanguine temperament. Upon interrogation and examination we found that he had, for years, enjoyed perfect health; that his bowels had been regular, appetite good, slept well, etc., and, indeed, at the time of examination, we found him in perfect *embonpoint*, with the exception of slight sub-acute rheumatism in the lumbar region, and some uneasiness about the left testicle and cord. We made no prescription at the time, but told him to call again, which he did in the course of ten days, still suffering from rheumatism in the lumbar and sacral regions, and also in his left hip-joint.

Upon further examination, we also found him suffering from incipient varicocele. We suspended the testicles at once, and told him to call again. He called in a few days, with his trouble increased to such an extent that we ordered strong counter-irritation, iodide potass., and the usual remedies in the treatment of rheumatism. Under this line of treatment improvement speedily came.

We heard no complaint for some weeks, but in the course of a month he called again, suffering from rheumatism of intercostal muscles on the left side. We prescribed again, as before, with the same result with reference to relief in that locality, but produced a metastasis from the intercostal muscles to the lumbar and sacral regions, when he again experienced trouble in the testicle and cord, which proves, conclusively to our mind, that the cord was attacked by rheumatism in common with other contiguous and surrounding parts.

Thus my patient has, for two years, suffered from attacks of rheumatism, more or less severe, at irregular intervals, in different portions of the body. Whenever he is attacked in the hip-joints, lumbar and sacral regions, by rheumatism, he suffers also from the varicocele; while he may be attacked in other portions of the body, and suffer greatly, without any inconvenience from the enlarged veins at all. It may also be proper to remark, that while he is suffering from rheumatism in his loins, the cord is swollen and tender. When the system is free from rheumatism, and more particularly that portion in the region of the hips, he has no trouble from the varicocele, but, on the contrary, the cord is soft, lax, and a good deal smaller.

I verily believe that the physician or surgeon who treats varicocele successfully has rheumatism to cure.

Dermatitis Circumscripta Herpetiformis.

Under the above name, says the Dublin *Medical Journal*, August, 1875, Neumann describes a form of skin disease which has been hitherto overlooked. It begins by a small pale red eruption, bluish-white in the centre, whence the redness and infiltration spread toward the periphery, but this so slowly that in a period of several months it has only attained the size of a sixpence. Both on the smaller and larger eruptions are to be seen pointed spots, bluish at first, and, after they have lasted some time, changing to a dull white. The affected parts reach the size of a half-crown, and it is on their periphery that these spots are most distinct, the centre being of a more uniform red. On pinching a fold of the affected skin, it is found to be considerably thicker than the surrounding healthy skin. The eruptions remain sometimes isolated, are sometimes confluent; sometimes their boundaries so come in contact that a gyrated form of eruption results, the central parts of which either show the white spots or are uniformly red and covered with scales. The white spots are very similar to the vesicles of eczema on the palm and sole, when the exudation has not yet raised or burst the epidermis.

With the duration of the disease, the mass of scales increases considerably. On some parts of the skin they form hard and thick layers of squams, which are in firm contact by their under surface, and which by their removal bring to light an excoriated thickened portion of skin. The extent of infiltration and squamous accumulation is not constant.

After having lasted several months the infiltration diminishes, and after it has disappeared there remain darkly pigmented spots or points. If left to itself the disease may last for years, spreading by new eruptions, whilst the parts first affected recover spontaneously, the thickened skin becoming gradually thinner. The

scales separate and leave a soft pigmented surface, which has not a cicatricial appearance, and the itching, which is very violent while the disease lasts, completely disappears.

It is distinguished from psoriasis by the white points on the periphery, by the firmness with which the scales adhere, and by their leaving no bleeding surface when scratched off, and by the violent itching; from herpes tonsurans (tinea circinata) by the infiltration in the centre, the long duration of the eruption, and the absence of fungous elements.

Rubbing with soap, and painting the surface with tar, remove the disease.

Rupture of the Urethra.

At a recent meeting of the Société de Chirurgie, M. Notta related three cases that have terminated successfully, and which he believes are of interest. In the first the patient had received violent kicks in the perineum, and at the end of thirty-six hours urinary infiltration had spread into the scrotum. Free egress was given to this by a large incision, and three days after a catheter was passed and left in (*sonde à demeure*). Fifty days after, the man was discharged cured. In the second case, contusion of the perineum was produced by the fall of an enormous stone, and four hours afterward the perineum was found distended, and a catheter could not be passed. The urine was at once discharged by a button-hole operation, in order to prevent infiltration, but the patient was lost sight of during three weeks, no catheter having been passed during that period. He was now menaced with retention by the cicatrization of the perineal wound, and a laborious dissection of indurated tissues became necessary to find the two ends of the ruptured urethra and pass a *sonde à demeure*. After several months of treatment, and the performance of internal urethrotomy, the patient was cured. In the third case, a mason fell astride a joist and exhibited the signs of rupture of the urethra, the distended bladder rising up to the umbilicus. A perineal incision gave issue to the urine, and a week after a *sonde à demeure* was introduced, and in five weeks after the accident the patient was cured, passing his urine freely by the urethra.

Treatment of Carbuncle. 1. By Subcutaneous Incision. 2. By Concentric Pressure.

In the Boston *Journal of Chemistry*, Dr. E. Cutter gives this treatment:—

* * * It appeared June 16th as if a space of the size of the palm of one's hand would entirely slough out. At this stage it occurred to me to put to the test the treatment by subcutaneous incisions recommended by a distinguished practitioner of London in 1862. Accordingly, the peripheral parts of the swelling were frozen with ether spray, and successively punctured with a tenotome, the knife being swept around in nearly a semicircle in each instance, freely dividing the subcutaneous bands that cross the substance of a carbuncle. This operation was painful and bloody. It was attended with an immediate subsidence of the swelling, and an improvement in the color of the inflamed skin. It was then poulticed as before. Next day there was a marked improvement in the upper part of the carbuncle. The next day witnessed a marked improvement in the symptoms, and from this time the convalescence was rapid and satisfactory. There was no sloughing of the integument, but a speedy return to the elasticity and feeling of health.

A Case of Syphilis Treated by Hypodermic Injection of Corrosive Sublimate.

Dr. E. P. Seeley, of Bowling Green, Kentucky, gives the subjoined case in the Nashville *Journal of Medicine and Surgery*.

The patient, a colored man, about forty-three years old, has always been healthy; a sore appearing upon the mucous membrane, behind the glans, which had all the character of a true syphilitic chancre: edges sloping and hard, surface hollowed out; hard, indurated, and movable upon the tissues beneath.

As I had been reading Lewin, of Berlin, who was the first, I believe, to introduce this method of treatment, and I thought the patient before me would be an excellent subject to give the method a trial, I simply cauterized this chancre, and told him to call the next day, while I, in the meantime, had the following solution of sublimate prepared: four grains to one ounce of distilled water.

Was next day at my office, according to promise, which was the third day of May. I stripped off his shirt and introduced ten drops of the solution in the infrascapular region. There was very little pain, although there was a small hard lump left at the point where I introduced the syringe. I again dismissed my patient, telling him to call on the morrow, which he did.

He informed me that he had experienced no trouble, ate his usual meals, slept well, and did not feel any way uneasy. At the point where the syringe was introduced was still a knotty hardness, but no tenderness upon pressure or manipulation. I again used the solution, and continued to do so until the sixth day, using the same amount, ten drops each time. Upon that day I had to cease, on account of the excessive irritability of my patient's stomach. It was almost impossible for him to retain anything, even small pieces of ice, and he was constantly retching and suffering from the most intolerable nausea. Rest in bed, with warm cloths and mustard plasters to the epigastrium, and ice to the spine, relieved him of these distressing symptoms. On the 11th of May I again began my injections, and continued using them until the 28th, when I discharged him, to all appearance well, and so far he has had no return of the disease.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"Wildungen, its Baths and Mineral Springs," is a neat pamphlet of forty pages, translated from the German of Dr. A. Stocker, published by Trübner & Co., of London, and for sale by E. Steiger, New York. Wildungen is in the Duchy of Waldeck, and its sources are chalybeate and alkaline.

BOOK NOTICES.

Third Biennial Report of the State Board of Health of California, for the years 1874, 1875. Sacramento, 1875. pp. 242.

A large amount of information, though somewhat desultory in character, is contained in this volume. The smaller part of it is taken up with statistics, and from various scattered remarks it appears that they ought rather to be called "estimates," or, in some instances, even "guesses." Climate and meteorology receive considerable attention, though the stations heard from are Sacramento and San Francisco only. Dr. Henry Gibbons, Sr., is the principal observer at the latter place, Dr. Thos. M. Logan at the former. Dr. D. H. Kitchen, of New York, contributes an article on delirium tremens and its treatment, hardly novel enough to explain its appearance in this Report. On the other hand, a number of pages about the eucalyptus globulus will be read with attention. Drainage and sewage are discussed at considerable length. Dr. T. B. M. Miller, of Orovilie, reports instances of local poisoning by the arsenical dyes used to color the lining of gum boots. Dr. Gibbons concludes the volume with some sensible advice to consumptives; he does not believe in any particular spot as curative, but in early action, out-door life, simple, nutritious food, and regular habits.

A Treatise on the Diseases of Infancy and Childhood. By J. Lewis Smith, M. D., etc. Third edition Enlarged and thoroughly revised. With illustrations. Philadelphia, H. C. Lea, 1876. pp. 724.

In presenting his deservedly popular treatise for the third time to the profession, Dr. Smith has given it a careful preparation which will make it of decided superiority to either of the former editions. Some diseases are considered for the first time, as rötheln and cerebro-spinal meningitis. The article on diphtheria has been nearly entirely rewritten, and the author expresses his opinion that it is the most fatal of all the diseases of childhood, and that no infectious disease involves greater danger, or presents so many modes of death.

The additions to other parts of the work are also important, involving the recasting of several chapters, and requiring a closer typographical arrangement to enable the book to appear without material increase in bulk. The position of the author, as physician and consultant to several large children's hospitals in New York city, has furnished him constant occasions to put his treatment to test on a large scale, and his work has that at once thoughtful and practical tone which is a marked characteristic of the best productions of the American medical press.

Transactions of the Pathological Society of Philadelphia, Vol. v, from January, 1874, to July, 1875. Edited by James Tyson, M. D. Philadelphia, printed for the Society by J. B. Lippincott & Co., 1876. 1 vol., cloth, 8vo, pp. 248.

An amount of solid work and studious observation is comprehended in this volume most creditable to the members of the Society from which it proceeds. It is true that the descriptions of specimens of morbid growth offer little to interest the general medical reader; but the discussions which accompany many of them in the volume before us redeem it from the charge of being merely a descriptive catalogue. The editor has included more of these remarks than heretofore, and the change is one altogether for the better.

Aids to Anatomy. By George Brown, M. R. C. S., L. S. A. London. 1876. Balliere, Tindall & Cox. Cloth, 12mo, pp. 64.

This little work contains a series of anatomical memoranda, prepared for students, and first published in the *Students' Journal*. In plan it is not dissimilar from many dissecting manuals. Under the "superior carotid triangle," for instance, we have given its boundaries and contents, veins, arteries, and nerves. Under "relations of the trachea in the neck," we have the structures adjacent to it anteriorly, posteriorly, and laterally. The greater brevity, clear arrangement, and handy size of this publication will no doubt make it popular among students.

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THE CAUSE OF TYPHOID FEVER.

After we had supposed the causation of typhoid fever had been well-nigh set at rest by the prolonged study of the Massachusetts Health Board in this country and the reports of the English observers, the whole question seems liable to be reopened.

In his December report as City Registrar of Providence, Rhode Island, Dr. Edwin Snow observes:—

"Some have supposed that typhoid fever is caused by the effluvia from cesspools. But we have the general fact that there are constantly more deaths from it among the population where great care is taken to prevent this danger, than among those whose houses are constantly filled with the emanations from drains and cesspools. If sink drains and cesspools are a chief cause of typhoid fever, it would be difficult to explain, in view of the facts under consideration, why there should be two deaths from the disease in 5400 population of the Second Ward, and only the same number in the 22,500 population of the First and Seventh Wards, many portions of the latter wards being notoriously filled with bad drains and cesspools.

"It has been said, and stated very positively, that the sewers are the cause of the typhoid fever this fall. If this were a chief cause, we might ask what caused a far greater prevalence of typhoid fever in 1865, and in other years before the sewers were commenced. But as this question is of so great importance, it seems necessary to investigate it thoroughly. If the sewers cause typhoid fever, it must be in one or more of three ways: *First*, from digging up the soil in the construction of the sewers, or, *second*, from the presence of the completed sewers in the streets, or, *third*, from the connection of the sewers with the houses."

These causes he submits to a careful examination, and after completing it, expresses his opinions in the following words:—

"It would seem then that the sewers cannot be considered as the cause of the fever in Providence this year. In fact, in regard to all the causes named, as already stated, the evidence is negative rather than positive.

"It would be much more satisfactory if we had the statistics of all the cases of typhoid fever instead of the fatal cases alone. But we have not this information, and it is well known that the fatal cases bear a constant relation to the whole number of cases, so that, in proportion to their number, the fatal cases represent correctly the whole.

"But while we find that none of the causes referred to, in all cases, or constantly, produce typhoid fever, there are individual instances in which the disease seems to be evidently produced by each of the causes named. We have seen cases of the disease, this year, where there seemed to be no doubt that the cause was foul air from cesspools, and other cases evidently caused by the use of impure well water. Whatever causes of this description may be in operation, it is possible that individual peculiarities, susceptibilities or idiosyncrasies may have more to do with the production of the disease than is generally supposed. At any rate, we know that external causes, to all appearance precisely the same, do not produce similar results in any considerable number of cases."

From other sources it appears that the profession has not found the sewage theory satisfactory. We recently heard it urged that, in

the greater number of cases, *improper food* is the cause of the disease; and as applied to the instances of typhoid fever arising from milk diluted with sewage water, that it was not the latter *per se*, but its action upon the milk, leading to a degradation of this fluid, that we should deem the *fons mali*.

The inquiry is one of the most pressingly urgent character, and its solution would be a large benefit to modern life, which has so strong a tendency to aggregation.

Notes and Comments.

Therapeutical Notes.

LIME-WATER IN INFANTILE ECZEMA.

A writer in the *Bulletin de Thérapeutique* recommends lime-water in eczema of the head and impetigo of the face in children, especially chronic cases, which have resisted other treatment, and states that a marked improvement is noticeable after using it for eight days. It is to be taken in quantities varying up to half a pint, according to the age of the patient, and to dust the part with carbonate of magnesia; but the latter is only necessary when the secretion is very irritant.

CARBOLIC ACID IN MALIGNANT PUSTULE.

The Doctor quotes from Dr. Raimbert two cases of malignant pustule treated by subcutaneous injection of A. phenyl. 1 : 50. The actual cautery had been used, and both patients were *in articulo mortis*, but rallied and recovered rapidly. In a third case, of a pregnant woman with malignant pustule of the cheek, improvement followed injection of a dilute solution of iodine, but the patient died of profuse hemorrhage incidental to premature labor.

The "Climatic Association."

Dr. Charles Denison, of Denver, Col., an intelligent physician, has made a proposition, for the benefit of invalids and insurance companies, which deserves consideration. We give it in his own words:—

"Previous to a year ago I began to conceive the idea of a Climatic Association, composed of physicians interested in such labor, and especially representatives from the health resorts of America, devoted to the prolongation of life and the adaptation of climate to the needs of invalids. To this end it should be their work to gather statistics of all climates, familiarize themselves with the details of their special labors, and to tabulate all the results of the journeyings of invalids in America from now henceforth. Through a central council or bureau of medical advisers, communication with the rest of the medical profession, insurance companies, and invalids generally, could chiefly be carried on by means of a specially prepared medical examination or diagnosis paper, and in return advice could be given as to the choice of climate, mode of life needed, etc., etc. The association should always seek to prevent the *useless* and encourage the *useful* migrations of invalids, and continually watch over the journeyings of their patrons."

A pamphlet containing further details, etc., can be had by addressing him as above.

Treatment of Epithelioma.

In the *Archives de Medicine*, in the treatment of epithelioma, M. Neucourt desires to show the value of the local application of arsenic. The special preparation he has used with most advantage, after trying many, has been the formula of the ancient French codex, which consists of cinnabar sixteen parts, dragon's blood sixteen parts, arsenic eight parts, thoroughly mingled. The arsenic is here in the proportion of one-fifth. Hence, it should not be applied to any surface larger than a threepenny piece at one time, and about a week should intervene between each application; a paste should be made with a little gum water, and a layer of about an inch applied. The pain lasts for a day or two, and is accompanied by considerable swelling of the tissues, at which no alarm need be felt, but of which it is prudent to forewarn the patient. M. Gillette states that, after long use of the paste, he has found it has caused the disappearance, even before the cicatrization of the cancerous ulcer, of ganglionic enlargements in the neighborhood, and removed indurated masses.

Treatment of Gonorrhœa by a Reversed Current of Fluid.

Dr. J. Perrot Prince remarks that in using injections, caustic, escharotic, or astringent, the prime difficulty is the almost certainty of the contagious matter being, by means of the current of injected fluid, deposited at a point in the urethra beyond where it originally existed; or, sup-

posing the canal to have been freed from purulent matter by recent micturition, irritation might be set up. Therefore, he recommends, in the *Medical Times and Gazette*, a syringe so devised as to throw the fluid in a reversed direction, that is, toward the meatus.

Sound or not, this device was long since proposed by Langlebert, of Paris We have a syringe of his, bought fifteen years ago. which is designed to effect the same thing, and does it well.

Oxygen and the Liver.

At a late meeting of the Royal Society, London, a paper was read "On the Production of Glycosuria by the Effect of Oxygenated Blood on the Liver," by F. W. Pavy, M. D., F. R. S. The conclusions arrived at are that the amyloid substance found in the liver is a body which tends to accumulate in certain animal structures under the existence of a limited supply of oxygen, and that it is through the liver exceptionally receiving the supply of venous blood it does, that the special condition belonging to it is attributable. It is also shown that the undue transmission of oxygenated blood to that organ at once induces an altered state, which is rendered evident by the production of glycosuria.

Poison in Healthy Blood.

The French Academy of Sciences, last month, listened to an interesting paper "On the Virulent State of Blood of Healthy Horses, Killed by Falling or Asphyxia," by M. Signol. The blood, taken from the body after sixteen hours, proves rapidly fatal to goats or sheep inoculated with it (twenty-four drops). Motionless bacteridia are present, but there is no sign of putridity.

Treatment of Albuminuria During Pregnancy.

The *Doctor* remarks that Dr. Tarnier, chief physician of La Maternité de Paris, extols the efficacy of a milk *régime* in cases of albuminuria occurring in pregnant women, and regards it as a preventive treatment of eclampsia. Knowing the insidious manner in which albuminuria develops itself, he examines the urine of all women who present themselves, and those who are suffering from albuminuria he places on the milk diet, allowing nearly two pints of milk and only two meals on the first day, and increasing the former and diminishing the latter until the fourth day, when the patient gets seven pints of milk and no other food or drink. In grave cases, however, he does not observe this gradation, but commences by giving the full quantity of milk. Under this treatment, Dr. Tarnier says, after giving it a most extensive trial, the albumen rapidly decreases or disappears from the urine in from eight to eleven days. He considers that in almost all cases of eclampsia the cause is to be found in modifications produced in the organism by pre-existing albuminuria, and that curing the latter is the surest means of preventing the former.

Notice: Bills Sent.

With this number of the Reporter we send bills for the current year to such of our subscribers as have not yet remitted their dues. The amount is *payable in advance*, and we earnestly request all to send at once the small sum each owes. The postage on journals is now paid entirely by the publishers, and printing, paper, etc., have all to be settled for in cash every month. It is manifestly just, therefore, that subscribers should remit the amount in advance. Neglect to do so will hamper us materially, and compliance will save "dunning," so disagreeable to both parties.

Gelseminum in Veratrum Poisoning.

Dr. Wilson, of Williamsport, Pa., reports, in a letter to us, that in a case of poisoning by veratrum viride he used with success—

℞.	Fld. extr. gelsem.,	gtt.v
	Pulv. nucis vomic.,	gr.¼

Every fifteen minutes until there was perceptible change in the pupils. He attributes recovery to this treatment.

Poisoning from Paris Green.

Our correspondent, Dr. F. Horner, of Virginia, writes us that a case of poisoning from the effects of Paris green, arsenite of copper, occurred during the late summer, near Winchester, Virginia. Four members of the Van Meter family died, with symptoms of arsenical poisoning, after eating apples gathered from the ground of an orchard which was planted with potatoes, on which had been sprinkled Paris green in powder, and in the midst of which had fallen the apples subsequently gathered for domestic purposes. No example

has been reported of this substance causing death by transmission through absorption by the plant.

The Localization of Brain Function.

Dr. Dupuy, of Paris, delivered an address before the profession of this city, Jan. 24, in which he demonstrated the methods of Hitzig and Ferrier in localizing cerebral function. He criticised with much force the inferences of the latter writer, and while repeating on the animal the methods of electric irritation of the cortical substance of the brain, he maintained that the localized motions produced took place as well when the cortical cells were destroyed.

It would seem that Hitzig and Ferrier's theories are not accepted very generally. We observe that Dr. Hermann says, in his *Elements of Physiology*, just published, "The movements which have recently been induced by electrical stimulation, since they do not occur after mechanical or chemical stimulation, may very well be set down to the irritation of more deeply seated regions, for the latter are unavoidably exposed to the diffusion of currents. . . . . No results as to the nature and distribution of the functions of the cortex, even of the value of approximations, can be deduced from these experiments."

Correspondence

Case of Poisoning by Eating Wall Paper.

Ed. Med. and Surg. Reporter:—

The subjoined case may prove of interest to many readers:—

January 6, 1876, —— Anderson, colored, aged 3, ate a small quantity of wall paper, how much not known. A short time after, she was seized with nausea and burning pain in the stomach, violent vomiting, intense thirst, purging, and pain in the epigastrium on pressure. She continued to vomit, etc., until I was called upon, some hours after she had eaten the paper I found her as above described, and also observed that she had thrown up several shreds of paper, which upon examination proved to be wall paper, and about two-thirds of the coloring was of a light green. Considering the case to be one of arsenical poisoning, I immediately began the administration of the carbonate of iron, not having any of the hydrated sesquioxide, and no opportunity to get any. I considered that vomiting had taken place sufficiently, and therefore gave no emetic, as I should have done had it been otherwise. The emesis and burning soon began to get less frequent and intense, and by following up the treatment the

OBITUARY.

DR. GEO. H. HUBBARD,

Of Lansingburg, New York, died January 19th, 1876, at the age of 53, from the effects of a fall, producing embolism. He was born in Bradford, New Hampshire, and studied medicine at the Vermont Medical College. He practiced his profession for several years in Manchester, N. H., where he was one of the most prominent men in that locality. On May 2d, 1861, he was appointed surgeon of the 2d New Hampshire volunteers. On September 30th, 1861, he was appointed brigade surgeon United States volunteers, in Burnside's division, army of the Potomac. During the war he held the following positions: Medical director for district of Northern Missouri; surgeon in charge of general hospital, Tipton, Tenn.; hospital surgeon, steamer Louisiana; chief surgeon third division West Tennessee; chief surgeon army of the sixth division of East Tennessee; chief surgeon United States general hospital, Paducah, Kentucky; medical director army of the frontier; medical director army of Arkansas; surgeon commanding United States general hospital, Troy, New York. He was in the following battles: Bull Run; Pittsburg Landing; Prairie Grove, Arkansas; Moscow, Arkansas; Prairie D. Ann, Arkansas; Junkin's Ferry, Arkansas. He was breveted Lieutenant-Colonel United States volunteers October 6th, 1865, and mustered out of the service October 13th, 1865. Since that date he has been practicing in and near Lansingburg. At one time, about 1850, he was editor of the New Hampshire *Journal of Medicine.*

MARRIAGES.

HUTTON—MONNIER.—In Guilford, Illinois, January 20th, 1876, by Rev. Benjamin Close, Wm. Hutton, M. D, of Highland, Wisconsin, and Miss Christene Monnier, of Guilford, Illinois.

PELTZ—MALCOM.—On Wednesday afternoon, Jan. 26th, 1876, at the Beth-Eden Baptist Church, by Rev. Howard Malcom, D. D., assisted by Rev. Thomas S. Malcom, Rev. Charles Howard Malcom, D. D., and Rev. J. Wheaton Smith, D. D., Dr. G. M. Dallas Peltz, of Philadelphia, and Miss Mary Carnahan Malcom of Germantown, grand daughter of the late William J. Vandyke, Esq., of Princeton, N. J.

TAYLOR—BULLUS.—At St. Stephen's Church, Twenty-eighth street, New York City, October 21st, 1875, by the Rev. Dr. McGlynn, Dr. Joseph Taylor, U. S. Navy, of Chester county, Pa., and Minnie M., youngest daughter of the late Commodore Oscar Bullus, U. S. Navy.

DEATHS.

FORDYCE.—On January 19th, 1876, at New Haven, New York, George Fordyce, of scarlet fever, only child of Dr. George G., and Ella M. Whitaker, aged 7 years and 10 months.

HARRIS.—On the 27th ult., Addie, daughter of Dr. B. Harris, of Yorkville, Illinois.

HETLICH.—In Cincinnati, Ohio, on Saturday, January 22d, at 12½ P. M., after a long and painful illness, Mary A., beloved wife of Dr. C. F. Hetlich, aged 43 years, 4 months, and 22 days.

HOWELL.—At the residence of her son, Dr. J. H. Howell, in Brownsville, Tennessee, Mrs. Sarah J. Howell, January 9th, 1876.

THE

MEDICAL AND SURGICAL REPORTER.

No. 989.] PHILADELPHIA, FEB. 12, 1876. [Vol. XXXIV.—No. 7.

Original Department.

Communications.

STRICTURE OF URETHRA—SUPRA-PUBIC TAPPING, WITH ASPIRATION OF THE BLADDER, TWENTY-SEVEN TIMES WITHIN TEN DAYS.

BY J. W. DORA, M. D.,
Of Mattoon, Ill.

The case was that of a Methodist clergyman, Rev. Dr. W. R. P., aged sixty-four years, a native of the United States, of full habit, weight one hundred and ninety pounds, height five feet seven inches, and of sanguine lymphatic temperament. He had usually enjoyed robust health, with the exception of occasional dyspnœa, from which he had suffered at times for some ten years prior to his present attack of impassable stricture, often requiring the use of a bougie, which he had learned to use with unusual dexterity, with which he had never failed until the present time to relieve himself. The cause of the stricture was doubtless hypertrophy of the prostate gland from chronic prostatitis of many years standing. The patient had provided himself with a gum catheter, No. 8 size, of good quality, which he was in the habit of introducing when required, the use of which had often before produced profuse hemorrhage, yet temporary relief from engorgement of the prostate would follow, sometimes for months afterward, and he would consequently be exempt during that time from retention of urine. Still, he was never exempt from that sensation of tenderness and fullness of the perineal region peculiar to prostatitis.

On the occasion of the present trouble, which occurred during the nights of September 20th and 21st, 1875, the doctor had been engaged in unusual fatigue and overheat while packing and shipping his household goods and library from Springfield, Ill., preparatory to a location in this city; and while in that condition, he stood upon the open railroad platform for two hours after nightfall, awaiting the arrival of a delayed train. The night was cold and windy for that season, and he suddenly suffered a transition of temperature, which produced an acute congestion of the prostate gland, and also hyperæmia of the kidneys, with increased secretion of urine; and upon attempting to urinate after he entered the coach on the train, he utterly failed, and, consequently, suffered greatly for six hours while en route for this place, hoping to obtain relief after leaving the train, either by voluntary effort or by the use of his catheter. (And let me here remark, that the motion of a railroad train is indeed very unfavorable for ready micturition, even if there is no impediment to the flow of urine whatever.) Upon his arrival at this place, he immediately made a hasty attempt to introduce his instrument, but failed to enter the bladder. His sufferings were, of course, becoming more and more excruciating every moment, and, as would naturally be the case with any man suffering such torture as over-distention produces, he became nervous over his repeated failures, and, as a result, ultimately became crazed and desperate, employing still greater force, with the hope of overcoming the obstruction, until all at once he experienced a sharp lacerating pain in the perineum, and the bougie entered full length. He withdrew the stilet (which was a

strong one), and blood flowed freely and profusely, but no urine passed, and no relief came to the almost bursting bladder. Still, he firmly believed that the instrument had entered the bladder, and contended that there must be suppression of urine, rather than retention of it, and that the pain and fullness felt was occasioned from cystitis. This theory he strongly contended for.

Dr. D. M. McFall and myself were summoned to see him at 6 A. M. of the 21st. He being a gentleman of more than ordinary intelligence on all subjects, and especially being a graduate in medicine, he refused for several hours to allow any further catheterization to be practiced upon him. We were, therefore, compelled to defer to his convictions. During that time he resorted to warm hip-baths and the hypodermic injection of morphia, after which he became willing for us to attempt to introduce an instrument. We first tried a No. 10, and then a No. 12 bougie, then a No. 8 silver catheter; but our efforts were futile, first, from the fact that the flexibility of the gum catheter would traverse the floor of the urethra, and would glide into the false passage (made by the patient's forcible efforts) behind the bladder, through into the recto-vesical space or cul-de-sac. Secondly, we failed with the silver catheter, from the tightness of the stricture, the anteverted position of the bladder on account of the immense distention, and also from the fact that the perforation of the urethra was immediately in front of the stricture, which was situated at the junction of the membranous with the prostatic portion of the urethral canal, thereby lessening the chances of entrance through the natural channel; for when the point of the catheter was kept well against the roof of the urethra, and followed the curve under the symphysis pubis to the prostate, the instrument would stop, as if in contact with a solid wall, with the exception of two instances, of which I shall hereafter speak, and was so throughout all of our efforts at catheterization in this obstinate case.

Therefore, failing to give relief by that means, and feeling sure that the retention was great, we determined upon supra-pubic puncture with a small trocar and canula. I tapped in that manner at 9 A. M., and drew off seven pints of highly-colored turbid urine, with great relief to the sufferer for six hours; and I immediately telegraphed to Chicago for an aspirator, not having one at hand that was in good working order, but before it could be received the accumulation again became distressing, when I again, at 8 P. M., resorted to the catheter. This time we were successful after a protracted effort on our part and a very painful one to the patient, and removed three pints of urine much more normal in character than the first, which was to us an evidence that the functions of the kidneys were not as yet seriously disturbed.

22d, 3 A. M. The aspirator was received, and we visited our patient; found him clamoring for relief. During the night he had taken warm baths and used fomentations of hops, and had been upon the use of balsamic emulsion alternated with con. tinct. gelseminum, in full doses, as a relaxant and anodyne, which I have exhibited in scores of cases, with very happy effect, in urethral troubles, heretofore; but our remedies in this case had been of no avail, as he had not, as yet, passed one drop of urine by voluntary effort. Before resorting to the aspirator, we again made several fruitless attempts to introduce the catheter, which gave the patient great pain on account of the extreme irritability of the urethra, and he implored relief in some other manner. I complied with his urgent request, and at four o'clock A. M. aspirated three pints of albuminous urine. Repeated the aspiration every six to eight hours during the 22d 23d, 24th and 25th, removing each time from thirty-two to forty-eight ounces of urine; and testing each day with nitric acid and heat, found from day to day an increase of red corpuscles and albumen. For several days the treatment had been changed to alkaline diuretics, citrate and acetate of potassa, with spirits nitre, dulc., etc. Also had given quinia sulph., in four-grain doses, every four to six hours, with porter and nutritious diet.

26th, 8 A. M. Tried the catheter again, and succeeded in passing the stricture, unexpectedly, the irritability of the urethra having very much abated, from being left undisturbed for four days; removed thirty-two ounces of bloody urine. Still we felt hopeful of prolonging a valuable life to the community, but we were again disappointed at 2 o'clock P. M., when we failed to pass the stricture, consequently aspirated, and repeated as usual whenever the accumulation became painful during that day and night, repeating the aspiration every few hours during the 27th, 28th and 29th, with but little change in the quantity and quality of the urine,

which was sometimes bloody and at all times albuminous. There was not, as yet, any evident symptoms of either peritonitis or cystitis.

No pain was ever complained of in the introduction of the needle (the medium size was used all the time). The needle was often introduced through the same cutaneous punctures. During the afternoon of the 29th the appetite and strength of the patient were notably failing, and he complains of vertigo upon rising up; there is also profuse perspiration, at times alternated with a flushed and anxious countenance, and the abdomen has become tympanitic, but yet not painful upon pressure or otherwise; the bowels have moved regularly every day, neither too free nor constipated.

30th, 7 A. M. Patient manifests some cerebral disturbance, talks a little incoherently, and is somewhat somnolent if left alone, but still easily aroused, and converses intelligently, yet coma is evidently approaching. Aspiration, during the day, several times, showed the secretion to be scanty, the amount at no time to-day being more than eighteen ounces, the color of the urine dark, coffee-like in appearance. Still solicits relief when any quantity of urine accumulates, but will not allow the catheter to be used or spoken of, but praises the great relief afforded by the use of the aspirator.

8 P. M. Semi-comatose; can still respond to questions with some rationality; pulse failing, running 140 per minute, weak and thready; cold perspiration. Prognosis unfavorable, dissolution not far distant.

September 1st, 2 A. M. Patient awoke, and had me called in to use aspirator, imagining that there was distention of the bladder, but it was more from a matter of habit than from actual accumulation, which was proven, when used, by finding only a few spoonfuls of urine in the bladder. This was the last time the aspiration was performed, as dissolution closed the scene at 6 o'clock A. M., four hours after my last operation, making in all twenty-seven aspirations, in addition to the first tapping with the trocar.

In conclusion, permit me to say to the profession at large, that while I do not claim to be more than a mere novice in the use of the aspirator, yet I do not, as I did a few years ago, when the instrument was first brought to the notice of the profession, look upon its use with such horror and dread, nor do I deem the operation of supra-pubic tapping of the bladder in cases of emergency such a very formidable operation as to be shrank from as a dangerous one; for I should always, in the absence of an aspirator, prefer supra-pubic puncture, in case of impassable stricture, to that of rectal puncture, as more convenient, and equally as safe to the patient. It is true that when the intention is to leave the canula in situ for a number of days, the rectal puncture would be preferable, for obvious reasons. But the point that I argue is, that the danger is no greater in the supra-pubic puncture of the bladder than the rectal puncture of that organ.

I would further remark, that in the twenty-eight punctures made in this case a silver half-dollar would have covered the surface occupied by all the punctures, most of which were entirely obliterated before the death of the patient. I have drawn this report out to a much greater length than I intended, but I could not very well abridge the history of the case without in some degree lessening the interest in the essential points which I had in view in reporting it, viz., in combating the temerity of the profession in the use of the aspirator as a safe and reliable instrument, judiciously employed, in the removal of any accumulated fluid in any organ or portion of the human economy, the heart not excepted.

DIAGNOSIS.

BY J. K. MILLER, M. D.,
Of Berlin, Pa.

The subject of diagnosis is one of paramount importance to both patient and practitioner. This is a fact recognized by all parties. The study of medicine embraces no department of learning of more vital importance, practically considered, than a thorough knowledge of interpreting disease. In view of the magnitude of the subject, it behooves us to exert ourselves to the utmost, in order to become familiar with the manifold indications which it presents. Without a clear and definite knowledge of the pathology of a disease, our treatment must, in the vast majority of instances, prove uncertain, and frequently terminate in actual mischief.

In no particular department of practice is this laxness in diagnosis more frequently met with than in diseases peculiar to women. Although the subject of gynecology has of late years become a special department of study, and has been investigated by some of the most eminent

members of our profession, many ignore the subject altogether, and rest their practice on mere guesswork. This no doubt sounds strange to many readers of your journal, but, strange as it may seem, it is nevertheless true; and, in order to corroborate my statements on this subject, permit me to report a few cases in practice.

In the winter of 1873 I was called to see Mrs. G., aged forty-two, mother of five children. This lady had been an invalid for nearly two years, having been under treatment all the time, by different physicians, for as many different diseases. With one, the whole trouble was heart-disease; with another, the liver was not performing its functions properly; and with a third, it was a self-evident fact that dyspepsia, in connection with change of life, was the true cause of all her suffering. The sequel of this case will show that the error in diagnosis committed by these parties consisted in considering the various functional irregularities of the different organs referred to as diseases *per se*, and not as simply effects of some grave disease underlying them. I found the patient in a truly critical condition, prostrated, emaciated and anæmic in the highest degree. Palpitation of the heart, dyspeptic symptoms, with loss of appetite and constipation of the bowels; pain of a neuralgic character in the head, between the shoulders, in the back, side and limbs, and, in particular, in the lower and front part of the abdomen. Menses irregular as to time and quantity, with exquisite pain of a lancinating character in the region of the os uteri, and an aggravation of all the other symptoms. The loss of blood at each return of the monthly period, which in her case was semi-monthly, was enormous, and the intervals so short that it assumed the character of genuine metrorrhagia. An abundant leucorrhœal discharge in the short intervals, consisting of pus with streaks of blood. In connection with the above symptoms, there was an indescribable sensation, no doubt owing to nervous exhaustion. In this condition we found the patient, after she had undergone many months of fruitless and worse than useless medication.

But the truth which we wish to inculcate in presenting the history of this case still remains untold. During the many months of her illness, not one of her medical attendants had the remotest idea of the true pathology of her disease. To this conclusion I am forced by a consideration of the prominent and pathognomonic symptoms, which were entirely overlooked. The uterus, one of the most important organs in the whole constitution of the female, liable to become diseased, both functionally and organically, and to which all the more prominent symptoms most emphatically pointed as the seat of the morbid process, was entirely ignored in her case. Every other organ, however, was interrogated for light on the subject, but all gave uncertain, unintelligible and faulty answers.

After carefully examining the patient and analyzing all the symptoms, I concluded that the uterus was the seat of the disease; and, in order to remove all doubt, as well as to institute the proper treatment, I suggested the necessity of making an examination of that organ with the speculum and sound, if necessary. As this was something new and untried in her case, she readily consented, hoping against hope that she might in the end be restored to health and comfort. The speculum revealed an amount of disease which at once accounted for all the symptoms and suffering with which this patient had become so familiar. The diagnosis was clear and intelligible, and the indications for treatment could not be misapprehended. After a copious injection of warm water, in order to cleanse the parts, the os and cervix uteri were found to be the seat of a deep, hemorrhagic-looking ulcer. The hypertrophy of the neck extended to the body, and the sound readily passed the os internum. The parts were sensitive to the touch, and profuse hemorrhage very readily excited. In the treatment of this case we followed the directions laid down by our standard works on gynecology. We are partial to nitrate of silver in solution as a local application to the various ulcers found about the os, but in this case we resorted to Monsel's salt dissolved in glycerine, mainly on account of its styptic properties. This, in connection with hot-water injections—we mean just as hot as the patient could bear it—constituted the local treatment.

The general treatment consisted in tonics and restoratives, combined with laxatives. The diet was nutritious, consisting principally of milk. We deem it unnecessary to particularize in regard to treatment.

We could report many similar cases in which the same errors in diagnosis were made, and followed by the same unsatisfactory results in practice. And not only is this the case in

special but also in general cases, as they are met with in every-day practice. It is not at all uncommon to hear of physicians having numerous cases of typhoid fever which they cured in a few days, which, in the very nature of the case, is an absurdity. Wilfully misnaming diseases for effect is ungentlemanly; and ignorance in recognizing or ignoring prominent and characteristic symptoms is unprofessional, if not positively criminal.

A CASE OF ACONITE POISONING.

BY G. F. SCHREIBER, M. D.,
Of West Brooklyn, Ill.

Our knowledge of the action of some medicines is, in my experience, very imperfect; aconite, for example, which is said to produce perspiration, etc., when given in small doses, has, according to my observation, produced no such effect when administered in the doses recommended in the books. Only in one case have I seen the copious perspiration and the lessening of the heart's action claimed for this drug, and in this case the dose was a poisonous one. The benefit derived from the medicine in this case was indirect, as will be seen from the following history.

I was called in haste, June 18th, 1874, to see E. B., a laborer, aged 36 years, who had taken two teaspoonfuls of tr. aconite root an hour before, 9 A. M. He had taken it, he said, to overcome the nervousness and insomnia consequent upon a drunken spree. He was having convulsive attacks, coming on at short intervals; had vomited some, and complained of dryness of the throat, coldness and tingling of the extremities, and muscular weakness. The pulse was almost imperceptible, countenance pale and pinched, and skin shriveled and covered with cold, clammy perspiration. I ordered a draught of warm water and mustard, which produced emesis; the matter vomited had the odor of aconite quite strong.

I sent for Dr. R. M. Lackey, and asked him to bring with him a Kidder's battery. I had hot bricks applied to the extremities, and body as well, and directed the occasional use of friction with dry warm flannel. While awaiting the arrival of counsel and the battery, he had another vomiting spell, after which he fell back in a state of muscular rigidity, eyes staring, respiration suspended, and to all appearance about to expire. Just then the doctor arrived with the battery, which was hastily set going, and one pole applied to the nape of the neck and the other over the region of the heart. He was at once relieved of the spasm, respiration became more regular, and he complained of pain from the current. He begged to be allowed to sleep, which was denied him, and he was kept well roused up by the frequent use of the current, interrupted in such a way as to produce considerable shocks.

At 12 o'clock M. the pulse was slightly perceptible, and he was more sensitive to the current. An enema of warm water and salt was administered, and a copious fluid evacuation was produced, having the odor of aconite. In making another attempt to raise up he again fell back, and seemed about to expire, when a good, lively shock from the battery started him to breathing again. Improvement from this time was decided, so that by 3 P. M. he was regarded as out of danger. He slept well the following night and was up the next day, but complained of tenderness over the stomach. No after-treatment was required, as his nervousness had disappeared, and he recuperated rapidly.

The treatment in this case, as will be seen, was mainly by the faradic current, which seemed to counteract the tendency of the poison to produce paralysis of the heart.

The point of greatest interest in the case is the fact that the patient has never tasted a drop of intoxicating drink since, and from being a confirmed drunkard and generally worthless fellow, has become a sober, industrious man; and this is the greatest and most decided curative effect I have yet observed from the internal use of aconite. I would not, however, advise it, in such doses as my patient swallowed, as a cure for drunkenness; nor do I regard it as either a safe or efficacious internal remedy in any condition.

ON BANDAGES.

BY GEO. HALSTED BOYLAND, M. D., M. A., ETC.,
Of Baltimore, Md.

(*Continued from page* 26.)

Rossander (*Nord. Med. Ark.* iii, 3, § 26) had, it is true, preferred the plaster-of-paris bandage to the so-called "water-glass" bandage; he, however, in minor fractures and in inflammations of joints, especially of the upper extremities, mentions and recommends the latter, remarking that, under such circumstances, it deserves to be

brought into use oftener than is in general the case. The term "water glass" is, of course, synonymous with "soluble glass," having reference to the silicate of potash composition, which is closely allied to the silicate of soda, and prepared in the same manner; the cold water forming an important element when the mixture is applied to the bandage. Hot water will, on the contrary, facilitate its ready removal.

Nissen (*Norske Mag.*, page 207, 1872) called great attention to the water-glass bandage, and enumerated its many advantages over the plaster-of-paris bandage, claiming that it is a bandage in every respect practical.

Höök has used it exclusively for more than ten years, as well in comminuted as also in complicated fractures of the upper and lower extremities, and has found that it invariably answered all the demands that can be made upon a fixed occlusive bandage.

According to Höök, the application of the water-glass bandage is, if possible, still simpler, and quicker than the plaster-of-paris bandage. A thin layer of cotton is first placed next to the skin; the bandages, best made of old linen and slightly wet with soluble glass, are laid on in the ordinary manner, until the bandage has attained the thickness requisite; then the solution is smeared on over the whole with the hand or with a brush. Walter Berger, in the number of *Schmidt's Jahrbücher* referred to in the first part of this article, informs us that the soluble glass solution should have the consistency of a thin syrup; when too concentrated it sticks to the hands, or dries to soon. Until the bandage is dry, the extremity should be placed between a pair of large wooden splints; and if it is to be feared that the fragments will slip out of place, simple extension and contra-extension used. That several hours must pass before perfect stiffness ensues might be regarded as a disadvantage; but this disadvantage is of only minor importance. After the expiration of, at most, one day, the water-glass bandage can equal perfectly, as regards stiffness and fixedness, the plaster-of-paris bandage, making it much easier, and, in consequence thereof, more agreeable to the patient, and also, for the surgeon, more convenient and ready to apply. Moreover, it is easier undone, turn by turn, for which purpose it is only necessary to first wet it with hot water. If it is desired to cut the bandage open, or make windows in it, this also is accomplished with greater facility, and without an especial instrument. In consequence of a certain elasticity peculiar to the soluble glass, it does not break nor crumble when dry, like plaster-of-paris. Höök considers the water-glass bandage particularly adapted to country practice, where plaster-of-paris is not always at hand, because the soluble glass does not lose its fitness either by being transported or by being kept for some time. But, above all, the soluble glass is cheap enough to warrant a more general use of it, and in this respect, according to Höök, the silicate of soda deserves preference to the ordinarily-employed potash preparations.

Rossander adds, in his paper, to the foregoing statements, that not unfrequently he uses the water-glass bandage oftener in private practice than in the hospital. In his experience it passes especially well for fractures on the upper extremities; also, however, on the lower extremities. It may follow the plaster-of-paris, bandage when the consolidation has made progress. In more severe cases, and in those in which there are considerable displacements, or other complications are present, it perhaps ranks second; at least then, when good plaster-of-paris can be obtained. However, as this is not always (we might say even seldom) the case, Höök's recommendation deserves every consideration. Soluble glass has, moreover, the property of working irritatingly on wounds and abrasions of the skin, which, as Rossander thinks, can easily bring about disagreeable consequences for the hands of the surgeon.

The frequency with which the plaster-of-paris bandage is used in all our hospitals, in cases of fractures of every description, the soluble glass being almost totally ignored or excluded, is indeed remarkable, the more so when the great advantage of the so-called "water-glass" bandage, in the great variety of cases, is apparent. Let the soluble glass bandage have a fair test, and only good will result therefrom.

ON BROMIDE OF CAMPHOR, AND ITS APPLICATION IN THERAPEUTICS.

(TRANSLATED FROM THE "UNION MEDICALE.")

Several times, the *Union Medicale* (see Nos. of October 29 and November 10, 1875) made mention of a remedy recently introduced in French therapeutics, viz., bromide of camphor, which, to-day, seems to be destined to come into general use. Since the publication of the *Therapeutical Review*, in which our co-laborer,

Dr. Huchard, has condensed the physiological properties of bromide of camphor, and the first therapeutical experiments made with it, new and interesting articles have appeared. First of all, we quote Dr. Pathault's inaugural thesis. Omitting all that refers to physiology, we will pay special attention to its application in therapeutics.

We deem it, however, useful to recall the fact that recently the eminent Professor Wurtz exhibited at the French Institute, to his colleagues, magnificent crystals of bromide of camphor, obtained by Dr. Clin, formerly house surgeon of the hospitals of Paris (see *Comptes Rendus de l'Académie des Sciences*, August 9th, 1875).

Let us now turn to the presentation of clinical results. Dr. Pathault commences with an account of two cases of chorea. In the first, which belongs to Dr. Desnos, physician of "La Pitié," a considerable improvement has been noticed. The second, which has been reported in the ward of Mr. Gallard by Mr. Emery, house surgeon. This last observation refers to a man to whom chloral, in large doses, had been given without success. Bromide of camphor was first administered: "the patient took 15 dragées, prepared by Dr. Clin; he improved rapidly, and left cured." Here we have a suitable place to give a short analysis of a case which has been communicated to us by Dr. Des Brulais.

Josephine B., 6 years old, is suffering from chorea, which commenced five or six months ago, and which has been constantly increasing. At this time (October 10th) the affection has become general. The child speaks with difficulty, moves incessantly, and does not sleep. From October 10th to October 24th various means have been used: purgatives, santonine, bromide of potassium. Notwithstanding these, and the use of opium (one grain a day), and of chlor-hydrate of morphine, the child does not sleep. She cannot remain seated or standing. "On October 24," says Dr. Des Brulais, "I began, but cautiously, with the dragées of bromide of camphor of Dr. Clin (3 dragées, or about 6 grains); on the 27th, 4 dragées; on the 30th, 6. The nights are calmer. From November 1st to November 10th, 10 dragées are given. Her agitation has gradually decreased from the 7th to the 10th, both at night and in daytime.

November 10th. Josephine B., who has slept between nine and ten hours, is calm; her physiognomy, which has been distorted heretofore, is quiet. Her parents having remarked that her whole body was somewhat cold, Mr. Des Brulais, after having verified the phenomenon, stops the bromide of camphor and administers iron, as a restorative. This treatment is continued from November 10th to 24th. At this date the child is still improving; but having been less closely watched, and having played immoderately with her companions, the choreic movements in the upper limbs reappeared on November 28th. The following day, six dragées of bromide of camphor were administered, and continued during six days. On December 4th the chorea had again completely and definitively ceased. For a month, Dr. Des Brulais continued the treatment, with the addition of iron. The cure has fortunately been maintained.

The facts which precede are sufficient to establish the effects of bromide of camphor in chorea.

In delirium tremens, Dr. Deneffe, and more recently Dr. O'Hara, have used the bromide of camphor with very beneficial results. In hystero-epilepsy, as is proven by a case of Dr. Potain; in certain accidents which complicate hysteria, trembling, excitement, and, above all, the cardiac palpitations, etc, bromide of camphor has given good results in the hands of Professor Vulpian, Dr. Potain, Dr. Pathault, and Professor Tommasi, etc. A case of this class, reported by Dr. Mathieu, is worthy of mention here.

A woman, about thirty years old, in consequence of grief, had palpitations, fits of headache, alternating with paleness of countenance, a restless sleep, an exaltation of moral sensibility, erratic neuralgia, convulsive tremors, a partial anæsthesia of the limbs of the left side. After having used narcotics and antispasmodics, Dr. Mathieu prescribed Dr. Clin's dragées of bromide of camphor. From the first night, there was a relative calm. After a few days, sleep became normal. The pulse fell from 135 to 80 and 85.

"These results," writes our colleague, "were undoubtedly due to bromide of camphor, for I had discontinued all other remedies, even bromide of potassium."

In another chapter, Dr. Pathault has reported ten observations of epileptic patients in the ward of Mr. Charcot at "La Salpêtrière," who had been subjected to the treatment of Dr. Clin's dragées (twenty to twenty-five) and capsules (ten to twelve) of bromide of camphor.

We shall not give these facts in detail; we shall confine ourselves to declaring that, in spite of the long standing of the disease, there has taken place a notable decrease of the fits and a manifest action on the vertigo. To the cases reported by Mr. Pathault we add another published by Dr. Decès in the *Bulletin de la Société Médicale de Reims.*

A man, thirty-eight years old, epileptic from the age of fourteen years, after having taking bromide of potassium without any apparent results, underwent a treatment of camphor, beginning with October 1st, which was followed by a rapid improvement. Before this treatment he had an attack every eight or ten days. From October 1st to December 2d he experienced only two. Finally, he was as long as five weeks without having any, when, from the beginning, he had never passed more than two weeks without being sick.

The delirium, which sets in after the attacks of epilepsy, may be alleviated by bromide of camphor, according to Dr. Bourneville. It has a similar beneficial result in convulsive spasms connected with dentition, according to Drs. Rœmer and Hammond. Dr. Desnos has communicated to Dr. Pathault the case of a patient suffering from a neuralgia of the trigeminal nerve, and to whom he had prescribed, with success, dragées of bromide of camphor. We may point out similar results in certain forms of dyspnœa and asthma (Potain, Pathault, etc).

But there is an application of the bromide of camphor to which we must call special attention; it is in the treatment of several affections of the uro-genital organs, especially of those of a nervous origin. Several physicians have administered the bromide of camphor in nymphomania (Potain), in onanism, in spermatorrhœa. The case of a patient in the ward of Dr. Vulpian, subject to nocturnal pollutions, indicates more especially what may be expected of this remedy in such circumstances. In nervous disorders attended with symptoms of an organic affection of the urinary organs, bromide of camphor has been used, with encouraging results; by Dr. Longuet in a case of priapism, and by Drs. Siredey and Desnos in two cases which we will analyze briefly.

Leonie R., thirty years old, entered the ward of Dr. Siredey, September 17, suffering from a peri-uterine phlegmasia, characterized by a tumor located at first between the bladder and the uterus, falling into the vagina, and which later extended to the umbilicus, where it opened. It gave rise to a very painful vesical and anal tenesmus, with frequent micturition. In order to calm the symptoms, Dr. Siredey prescribed the capsules of bromide of camphor prepared by Dr. Clin. The tenesmus was calmed, but on discontinuing the use of the remedy the tenesmus reappeared, to disappear or decrease considerably after a renewed administration of bromide of camphor.

In the case observed by Dr Desnos, the patient was a man of forty-two years of age, who for three months experienced pains in the hypogastric region, which extended toward the testicles and were much increased by walking movements, and the contact of urine with the mucous membrane of the bladder. The frequent desire to urinate was dreaded by the patient, accompanied as was this call of nature by the most intense suffering. Dr. Desnos, believing that these pains originated in a nervous disorder, prescribed dragées of bromide of camphor from April 1st to 17th. When the patient was dismissed, April 17th, the micturition had become normal, and the vesical pains had almost entirely disappeared. "The patient feels, indeed, sometimes some streaks of pain, but these cannot be compared to the obstinate suffering he was complaining of when he entered the hospital." (*Dr. Pathault, loc. cit.* p. 43.) Finally, we would say that Dr. Lannelongue has derived good effects from bromide of camphor in inflammation of the bladder, of a neuralgic nature, and where there is but little catarrh, although accompanied by prostatitis.

All the numerous facts which we have just analyzed, and which were observed by foreign and French physicians in hospitals or in private practice, show most evidently that bromide of camphor exerts a sedative action on the nervous system, and that it will be of great service in the treatment of nervous disorders which accompany affections of the respiratory organs, of the heart and of the uro-genital organs.

Heretofore it has been impossible to prepare a syrup of bromide of camphor, and the preparations which have constantly been employed by French physicians in the treatment of the cases mentioned in this article are Dr. Clin's capsules and dragées. They are most carefully prepared. The capsules contain each four grains, and the dragées two grains of bromide of camphor. The consequence of this is that the physician can, with security, graduate

the doses according to circumstances. According to Dr. Pathault, they may be used indistinctively, but when prescribed in large doses, the use of the capsules will be found preferable, especially as they are small, and are covered with a thin coating of gluten which dissolves rapidly in the stomach.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE.

CLINIC OF PROF. GROSS, OF OCTOBER 27, 1875.

REPORTED BY FRANK WOODBURY, M. D.

Cervical Lymphadenoma.

Gentlemen:—John C., who is twenty years of age, presents himself before you with some trouble in the right cervical region, where a marked prominence is noticed; the swelling commencing at the clavicle, and extending upward under the sterno-cleido mastoid muscle almost to its insertion, and forward beyond the middle line. Its surface is lobulated, but the skin is not discolored or adherent. The tumor is dense and firm, but not painful; and I find, when I place my hand on it, that there is some elevation of temperature. John thinks that, although it has existed for two years it has not increased much in size since he first saw it, which can only be explained on the supposition that he rarely uses a looking-glass.

The patient's appetite is good; his tongue is not coated; his muscles are firm; he has never suffered from chills and fever; in short, he is in good physical condition. The enlargement noticed is connected with the absorbent system, and is classified as a lymphadenoma, or lymphoid tumor; it is essentially of the same character of growth as the scrofulous glands of the neck seen in children. The offending structure appears to be formed of several parts mutually connected; it is several degrees warmer than the surrounding tissues, showing that its circulation is active, that it has more blood and nervous force directed to it than in the normal state, and, therefore, has a great tendency to growth.

In reference to treatment, removal by operation would be out of the question, both as regards the amount of delicate and dangerous dissection necessary for excision, and the liability to subsequent erysipelas, pyæmia, or secondary hemorrhage, even if the operation were at first successfully performed. A dozen foreign leeches applied at once to the part, to relieve the congestion, would be very good treatment. In the absence of this, the tumor may be painted with the tincture of iodine, twice daily, for several days, and then once a day; in the interim being kept cool by means of a cloth wet with an evaporating lotion containing acetate of lead. The diet will be carefully restricted and quite plain; first, and above all, he must eat no meat whatever, because, in feeding him, the growth is also fed, which is exactly what I wish to avoid. He shall, therefore, be kept upon light, farinaceous food, with milk, butter, stale bread, etc, but no pastry. No internal medication will be instituted at present, but the case will be kept under observation, and again shown to the class after a few weeks' treatment.

Acute and Chronic Syphilitic Orchitis.

An attack of gonorrhœa, a year ago, did not deter this young man from contracting a chancre a month since. He also had a venereal sore on his lip two years ago, with a bubo under his jaw. He now has a testicle which is very considerably enlarged, and is the seat of pain that is worse at night, or when the gland is pendent.

In almost all cases of inflammation of the testicle, acute or subacute, you will find some effusion in the vaginal tunic, which, you will remember, is a serous membrane, and, when irritated, furnishes fluid readily. Puncturing in such cases will relieve the tension and pain, by drawing off the water that caused the suffering by pressure on the tender and inflamed gland. From this patient I, in this manner, obtain about six drachms of fluid. The organ itself is enlarged, heavy and indurated, from the presence of inflammatory deposit. The parts shall now be enveloped in cotton wadding, frequently wet with a solution of lead acetate and laudanum—an ounce of each in a pint of water—and the scrotum well supported by a suspensory bandage.

As his tongue is coated, he shall have ten grains of blue mass to-night, with one-sixth of a grain of morphia, followed by a dose of oil in the morning; and he shall take of the antimonial and saline mixture, composed as follows:—

℞.	Antim. et potassii tart.,	gr.ijss
	Magnes. sulphat.,	℥ij
	Morphiæ "	gr.j½
	Aquæ destillatæ,	f.℥x
	Syr. zingiber,	f.℥ij
	Acid. sulph. aromat.,	f.℥ss
	Tr. verat. viride,	f.℥jss. M.

Sig.—Half an ounce four times a day.

The next patient has had an enlargement of his testicle for four years, which, about a week ago, suppurated and commenced to discharge from a spontaneous opening. Nearly in the centre of the swelling is an ulcer coated with cacoplastic or spoiled lymph, totally unfit for organization and the formation of granulations. The spermatic cord is not greatly thickened, but the testicle itself is increased in size, and of dense consistence, the skin over it is congested, and the superficial veins are enlarged. The gland is heavy, showing great interstitial deposit of new material, with probable destruction of the parenchyma and obliteration of the ultimate seminal vessels. There is a constant dull, dragging pain in the part, which is worse at night.

This testicle bears its own inscription and diagnosis. I have not asked the man if he ever had a chancre, because it lies evident before me. The tumor is neither carcinomatous nor benign, but syphilitic. The organ is worse than useless in its present condition; and on making a section we would find that its secreting structure is destroyed, and unfit for procreation. I shall order him to take—

℞. Potass. iodid., gr.vj
Hydrarg. chlorid. corros., gr.$\frac{1}{8}$. M.

in solution, three times a day; and request him to return for operation.

Neuralgia of Knee-joint.

This man says he is getting quite thin; he only weighs three hundred pounds now, whereas he used to bring down three hundred and twenty. He does not complain of this, however, as much as he does of a trouble on the inner side of the left knee, of eighteen months' standing; manifesting itself by pain and weakness of the joint; it cripples him so that, when he walks about for half a day, he is obliged to lie down for several days afterward. He knows of no assignable cause for the affection, and has never had any rheumatism. A variety of applications and anodynes have been tried without relief, and the ordinary resources of treatment have been exhausted.

I take it for granted that this affection is neuralgic in character; and, as it has resisted a number of remedies, I will now establish an issue with a white-hot iron at the side of the joint, and keep the wound discharging three or four weeks. This expedient I have often found extremely useful in obstinate cases. In addition to this, we will put him on anti-neuralgic remedies internally, such as quinia, which stands at the head of the list, strychnia and arsenious acid. I am very fond of using veratria ointment in neuralgic cases, but made stronger than the Pharmacopœia directs, with not less than a drachm of the alkaloid to the ounce of cerate. A piece of this the size of a cherry, well rubbed in the skin over the affected part, several times a day until a stinging sensation is produced, sometimes gives decided relief.

The white-hot iron is not very painful after the first moment of contact, as the sensory nerve fibres of the skin are immediately destroyed by the application. Before the introduction of anæsthetics I frequently resorted to it, even with children, who did not seem to mind it much. Chloroform will not be used in this patient, because, if he became partially asphyxiated, we would not be able to lift him for resuscitation, on account of his weight. Bringing him under the influence of pure, washed ether, the actual cautery is applied over the inner condyle of the femur, and the tissues burned down to the cellular layer underlying the skin. A water-dressing, in the shape of a wet towel, is now applied, and will be exchanged to-morrow for an emollient poultice, to be renewed twice in the twenty-four hours, until the eschar drops off, which will be in about seven days. Under the same dressing the issue will continue to furnish pus as long as may be desired.

[The man walked into the clinic room three weeks later, to express his thanks for very decided relief, from the treatment employed.]

Excision of a Tumor Lying Under the Parotid Gland.

This patient has a swelling, situated rather in front of the ear than in the neck, occupying the space between the sterno-cleido-mastoid muscle of the left side and the ascending ramus of the jaw, which it overlaps, extending as high up as the zygoma; the skin covering it is not adherent or involved, and the growth is unattended with pain, except when he catches cold. He is twenty-seven years of age, and has been aware of this enlargement for more than a year.

It is, very frequently, difficult to predict the exact nature of a tumor before operation, but, in general terms, we may say that if the growth has been slow and gradual, and attended by but slight pain or constitutional disturbance, it is benign in its nature, not tending of itself to shorten life; whereas if it attain its bulk in a very short period, it shows great activity of cell-proliferation, and the growth is probably malignant, or, if not so at first, will become so in the end.

The swelling is almost too dense to be a cystic tumor, but the diagnosis is greatly aided by an exploring needle, which here gives no evidence of fluid contents; the treatment in this case would be the same, however, for if it were a cyst we would remove it just as if it were solid. A growth in this region may extend deeper than would appear on superficial inspection; it might dip down in the neighborhood of the pharynx; and in dissecting out this structure, we may find that it involves the external carotid artery, which runs immediately beneath it. Should this vessel be cut in extirpating the growth, we will immediately throw a ligature around and tie it. The duct of Steno lies along the upper part of the tumor, and is not likely to be implicated; in regard to the branches of the portio dura, it is impossible to say definitely, but, if necessary, I would not hesitate to divide them.

Chloroform was given, and the tumor, which was found to be an enlarged lymphatic gland, was removed from under the parotid; during the operation there was a great amount of oozing of blood, requiring the ligation of the base of the growth and the wound to be packed with lint, after thoroughly washing it with cold water, which is itself an excellent hemostatic. The external carotid artery and the internal jugular vein lay exposed at the bottom of the wound, showing the necessity of careful dissection. The portion of the parotid gland which invested the tumor, and was removed with it, was apparently healthy in its structure. The wound was not closed immediately, for

fear secondary hemorrhage might ensue, which would otherwise require reopening of the wound, a circumstance annoying both to patient and surgeon. When this danger was over, the wound was directed to be brought together with several points of interrupted suture, and supported by adhesive plaster.

[The patient made a good recovery, and was presented to the class November 10th, with the wound almost entirely cicatrized.]

Case of Empyema.

The following case is shown merely to illustrate the treatment of purulent effusion in the pleural cavity. The boy, twelve years of age, had a severe attack of pleuro-pneumonia some months previously, and the inflammation of the pleura has terminated in suppuration. The right side of the chest appears flattened, is dull on percussion and auscultation, and reveals no pulmonary murmur.

In such cases the patient is likely to perish from hectic and the disturbance to the lung. The point is to make a correct diagnosis, and then remove the fluid with the aspirator or the bistoury. I am in favor of making a free opening in these cases, so as to wash out the chest with medicated lotions, such as permanganate of potassa, etc. A silver tube with an obturator may be inserted in the side of the chest and worn during the course of the treatment.

Medical Societies.

COLLEGE OF PHYSICIANS OF PHILADELPHIA, DECEMBER 1, 1875.

At this meeting there was reported a case of hepatic abscess occurring in a child, treated by evacuation by puncture through the abdominal walls, with recovery, by Louis Starr, M. D., assistant physician to the Episcopal Hospital and to the Children's Hospital. He remarked:—

Circumscribed suppurative hepatitis is a disease of such rarity in temperate climates, and, when met with, is so often attended with obscurity in regard to the etiology and diagnosis, that the following history of a case which recently came under my observation at the Children's Hospital may not be without interest:—

George ——, 5 years, was first brought to the Dispensary of the Children's Hospital on April 27, 1875, during the service of Dr. George S. Gerhard.

When I saw him, on May 15, his general appearance was very good, his cheeks having a healthy color, and his body being sufficiently stout. His tongue was slightly coated, and his father stated that his appetite was poor, and that, though his bowels were moved daily, the passages were small. There was no heat of skin or jaundice, the pulse and respiratory movements were normal in frequency, he had no cough, and, on physical examination, no pulmonary or cardiac affection could be detected. His abdomen was tympanitic, the whole of its upper third was tender to the touch, and in the upper part of the right hypochondrium there was an oval tumor, about as large as a turkey's egg, having its long diameter directed transversely, and projecting at its most prominent part nearly an inch from the surface of the abdomen. The skin covering this tumor was somewhat œdematous, but was freely movable, and natural in color and temperature, while the tumor itself was hard, sensitive, completely immovable, and the seat of neither fluctuation nor pulsation. It was surrounded by an area of induration, the boundary of which could not be accurately ascertained on account of the pain produced by palpation, though it appeared to extend from the costal border to the lower third of the right hypochondriac region, and from the median line of the abdomen to the right side.

The right hypochondrium was dull, except just below the margin of the ribs, where there was slight, probably transmitted, tympanitic resonance, detected only by deep percussion. The liver dullness began in the ordinary position above, and, on light percussion, was continuous below with that of the hypochondriac region. The patient did not complain of pain except when the swelling was touched, or when the whole body was jarred, as in walking down stairs; on a level surface he was able to walk easily. No history of an injury could be obtained, but on careful questioning it was discovered that throughout the winter he had coasted a great deal on his sled, and always rode "belly-bumpers." He was ordered to be kept quiet, and to have a liquid diet, with poultices over the abdomen, and a dose of castor oil.

May 26. I found him up and playing about as if nothing was the matter; having had him stripped and placed in bed, the following observations were made: Abscess more prominent than at last note, but more localized; in its centre there is very superficial fluctuation, extending over an area an inch and a half in diameter and bounded by a firm margin. The skin covering this space is dark-red in color, feels very thin, almost as if it could be broken by the pressure of the finger, and is somewhat hotter than the surrounding integument. About the abscess there is a mass of induration which does not project beyond the level of the rest of the abdomen, but which extends from the lower border of the ribs to the middle of the right lumbar region, and from the mid-line of the abdomen to the right side; its outline is semicircular, the edge being smooth and well defined, so much so that the fingers can be inserted beneath it. The skin is adherent over the whole mass, but most tightly immediately around the position of fluctuation. Both palpation and percussion indicate that it is connected with the right lobe of the liver. There is some pain excited by palpation,

though this is much less than formerly. There is no jaundice. No change was made in the treatment.

May 29. The abscess was more circumscribed, being about the size of an English walnut, and the pus was still nearer to the surface. As it was impossible to keep the patient quiet, and fearing lest he might rupture the abscess in his play, aspiration was determined upon. Accordingly, with the assistance of Dr. Simes and Dr. A. V. Meigs, a large aspirator needle was introduced to the depth of half an inch. About two drachms of thick, grumous pus, mixed with blood, escaped into the receiver, when the canula became plugged, and we were unable to withdraw any more.* A poultice was applied, and the patient ordered to remain in bed during the rest of the day. The operation was followed by no bad symptoms, and he soon recovered. There was, however, considerable discharge of thick pus from the opening left by the aspirator needle.

In reviewing this history, the question naturally suggests itself whether the disease was hepatic abscess, or merely an abscess of the abdominal wall. In the early stage of the former affection, the general symptoms are similar to those observed in acute hepatitis, jaundice being present only in exceptional instances, while the formation of pus gives rise to rigors, frequency of the pulse, night-sweats, and fever, the latter often resembling the pyrexia of quotidian or tertian intermittents. The almost entire absence of constitutional disturbance in the present case, however, is no argument against the existence of hepatic abscess, as it is generally admitted that the symptoms are often very latent, and that in many instances no suspicion of an abscess has been entertained until its discovery by manual exploration, or by the discharge of pus in various directions, and sometimes even not until revealed by post-mortem examination.

The local symptoms, on the contrary, were well marked; thus there was localized, though extensive, enlargement of the right lobe of the liver, and towards the upper part of the enlargement there was an ill-defined, oblong tumor, extending beyond the level of the abdomen. The skin covering this tumor was at first slightly œdematous, but perfectly movable and normal in color and temperature. From day to day, as the tumor became more circumscribed and approached nearer the surface, the hepatic enlargement increased, and conjointly with the appearance of fluctuation the œdema disappeared, the skin became dusky-red in hue, hotter than the surrounding integument, and adherent. There was also a tenderness on pressure, pain excited by deep inspiration or any jarring movement, and a peculiar bending forward of the body in walking. Again, after the opening of the abscess, all these symptoms subsided, and there was puckering in of the skin and rapid reduction in the size of the liver, its projecting margin remaining semicircular, smooth, and well defined; while finally there was slight contraction of the right lobe.

There are two other points which I believe to be of importance, viz., the detection by palpation of a smooth edge of dense tissue bordering the area of fluctuation, which gave the impression that the fluid was contained in a cup-shaped cavity in a solid organ, and the microscopical character of the pus which was removed.

Now, all these symptoms are characteristic of a hepatic abscess, so situated on the convexity of the liver as to point towards the surface of the abdomen; the adhesion of the integuments being, of course, due to local peritonitis. Abscesses of the abdominal wall, on the other hand, besides being superficial from the outset, have a different position, being usually seated in the muscle or adjoining connective tissue, and in the neighborhood of the umbilicus; at the same time there is generally violent throbbing pain, the redness and tumefaction of the skin are earlier and better developed, and the constitutional symptoms accompanying the formation of pus are more constantly observed than in abscess of the liver.

It seems, therefore, justifiable to assume the existence of suppurative hepatitis in the present instance; yet the case is an unusual one, both in respect to its short duration and the age at which it occurred. On referring to Frerichs' treatise on the subject, it will be found that the average duration, when the pus escapes through the abdominal parietes and recovery takes place, is one hundred and forty days; but the same author states that the course may be much shorter, and the supposition is natural that this would be most likely to happen when the abscess is small, the subject young, and the general health good. In regard to the age of the patient, I have been unable to find any recorded case in which the affection was noticed so early in life.

Since the hepatic inflammation was not preceded by injury to the liver, or by any symptoms of intestinal ulceration or disease of the gall-bladder, it most probably originated spontaneously, an occurrence by no means rare, especially in temperate climates; unless indeed, as appears very improbable, the irritation produced by the presence of lumbricoid worms in the intestinal canal was a sufficient cause. The trifling concussions, also, sustained in sledding, seem to be entirely inadequate to occasion injury to an organ which is so well protected by the ribs.

The general treatment of circumscribed hepatitis, prior to the formation of pus, if the symptoms are such as lead to a diagnosis at this time, simply requires careful regulation of diet, rest, and attention to the various functions of the body, particularly that of the bowels, for even when the existence of inflammation is

* A microscopical examination of a portion of this material was kindly made by Dr. Tyson. It was found to contain pus cells, compound granule cells, blood corpuscles, and numerous polygonal cells having well-defined nuclei and resembling liver pills.

ascertained, it is hardly probable that anything can be done to prevent suppuration.

In relation to the propriety of evacuating hepatic abscesses, the bulk of authority is in favor of so doing, when they point externally so as to be detected by palpation, when firm adhesions have formed, and when the pus is near the surface. As to the method of evacuation, a free incision is perhaps preferable to puncture with an aspirator needle, because, first, the pus is often mingled with shreds of connective tissue and broken-down liver substance, which are liable to obstruct the needle and render it useless, or, even if all the fluid is withdrawn, to remain and prolong the process of suppuration; and because, secondly, since, on account of the inelasticity of the walls of the cavity, the entrance of air cannot be prevented, it is much better to provide a free way of exit than to have the air confined, as it would be likely to be from the small opening made by the needle becoming closed. For the purposes of exploration, however, the aspirator may be used with advantage. After being opened, the abscess is to be dressed in the ordinary manner, while strict rest should be enjoined, and tonic and supporting measures employed. Subsequently, nutritious diet and exercise in the open air, the latter adapted to the strength of the patient, are much more important than mere medication.

Editorial Department.

Periscope.

On Nasal Lupus.

On this disease, Mr. Gay read a paper before the Royal Medical and Chirurgical Society:—

Bearing on the practical point in the paper, which is its curability by excision, the question of its systemic complication is of the first importance, and in this respect the author infers, from the results of his experience of the knife as a remedy, as from his observations on the idiosyncrasy of persons affected with lupus, that it is, like rodent ulcer, as shown by Mr. Hulke's investigations, essentially a local disease. It may, and certainly does, occur in persons with some of the ordinary general systemic indications of struma, but not, so far as the author has observed, with those of strumous joints or glands. The conclusion to which dermatologists have come with regard to the influence of systemic remedies is favorable to this view of its essential character, for they have been compelled consistently to deny to drugs any therapeutic influence over an established lupoid sore. The only principle upon which it can be successfully treated is that of eradication by topical means. Caustics, however, have repeatedly failed, apparently from a want of definite aim in using them. There has been no clear mode laid down of ascertaining the depth to which the virus of lupus has penetrated from its ulcer-surface; consequently, the amount of tissue that has to be destroyed in order to insure its perfect eradication has been a matter of conjecture. The author believes that the limits of the poisoned tissue may be satisfactorily determined, and that these are not so wide as to be beyond the reach of the destructive powers of caustic potash. The objection to this agent, however, and the pre-eminent favor in which the author is disposed to hold excision, arise from the fact that in nasal lupus, especially, in which disfigurement follows in the event of its being removed by caustic, cicatrization, or an advance toward it, must be allowed to take place before any restorative operation of a plastic kind can be done—one of the most important objects in the treatment of cases of this kind. If the removal of the diseased parts be made by the knife, any such operation that may be deemed expedient may be simultaneously done; and thus tissue is saved, the loss of which would be incumbent on the use of caustic. Cases were cited illustrative of the mode of treatment which the author recommends.

Version in Pelves Narrowed in the Conjugate Diameter.

The American *Journal of Obstetrics*, August, 1875, contains a number of clinical cases illustrating this procedure, published by Dr. William Goodell.

After giving some notion of the force which can be safely exerted in delivery, and various cases in point, he concludes:—The cases of mature children delivered by the forceps through conjugate diameters not over three inches in length may be counted on the fingers. In straits narrower than this no one has, to my knowledge, ever succeeded. Its effective range, as ordinarily applied, is from a diameter of 3½ inches to that of a standard pelvis. A diameter of even 3½ may compel a resort to the perforator. But, while numerous facts seem to prove that in very narrow pelves the forceps cannot compete with version, I am sure that its range of usefulness can be very materially widened by that cephalic application of the blades, viz., to the sides of the head, which is practiced by the best obstetricians of this city. Such an

application in these transverse cranial positions, by compelling the greater equitation of the parietal bones, and by shortening the offending lateral diameter of the head, lessens the risk to the mother's tissues, and the power needed for extraction. Also, by compressing the least vulnerable portions of the head, it is less likely to cause fatal brain lesions. Yet, even then, the pressure on the mother's tissues is a prolonged one. At best it usually fails to deliver living children through pelves narrowed down to 3¼ inches; while at three inches labor must very generally be ended by craniotomy. Again, in so far as the question of version is concerned, the majority of the arguments urged against the pelvic application of the forceps holds good against its cephalic application.

Let me not be misunderstood. By no means do I cast off such an old and tried friend as the forceps. It has served me too many good turns to be so illy treated. Cases there are in which turning cannot or should not be performed. Again, the urgency after that operation for immediate delivery is a strong argument against its indiscriminate use. To put these thoughts into practical shape, I offer the following general propositions:—

1. Turning should generally be preferred to the lashing of the forceps handles.

2. In pelves uniformly contracted the forceps is the better means of delivery.

3. In pelves narrowed in the conjugate diameter, turning should be resorted to whenever a half-hour's faithful trial with the forceps fails to make the head engage.

4. In pelves whose conjugates range from 2¾ to 3¼ inches, turning should be the initial step.

Position in Shoulder Presentations.

Dr. E. R. Maxson, LL. D., of Syracuse, New York, writes to the *Medical Record*, October 2d:

I published, through the MEDICAL AND SURGICAL REPORTER, in 1867, an account of a discovery which I made about seven years before, in relation to the treatment of shoulder presentations.

In the article referred to, I stated as plainly as I could the circumstances connected with and leading to the changing of this abnormal to a perfectly natural presentation, without risk to mother or child, by placing the woman on her knees, on pillows of folded quilts, with the head and shoulders low, as suggested by Prof. T. G. Thomas, to return prolapsed cord.

I stated in said article that it was while replacing a prolapsed cord, with the woman in that position, that I corrected an abnormal presentation, by the position and slight manipulation attending the replacement; and that from this circumstance I was induced to try this position in a bad shoulder presentation, in which I was entirely successful, gravitation doing most of it, I simply following the receding shoulder with my hand, grasping the vertex and bringing it into the superior strait, removing the hand after two or three pains had engaged the head, and the woman had been laid down on the left side, etc.

But recent intelligence of children who have been sacrificed, and mothers imperiled, by the old method of turning, has convinced me that many may not, as yet, have availed themselves of position for changing shoulder into natural presentations, either because they may not have been informed, or else, having been posted on this subject, they have been incredulous, and slow to accept so simple, safe, and commonsense a method for a long-established, formidable, and more or less dangerous one for both mother and child, even by the most skillful and prudent hands. And this must be my apology for thus again calling attention to the treatment of shoulder presentation.

Treatment of Carbuncle.

In the *Medical Times*, Dr. G. W. Zeigler gives the following:—

S. E., aged 40, salesman, was admitted into the surgical ward of the Episcopal Hospital, July 12th, 1875, suffering from an extensive carbuncle on the nape of the neck, of two weeks' standing, measuring at the time of admission nine and a half inches in length and four and three-fourths inches in width.

The treatment, which was directed by Dr. John Ashhurst, Jr., consisted in the use of adhesive strips, about three-fourths of an inch in width, so applied as to make concentric pressure upon the part, and leaving a space over the centre, corresponding to the size of the main opening, free, over which was applied a linseed-meal poultice, supported by a roller.

The internal treatment consisted of quiniæ sulph., gr. ij, and ferrum redact., gr. j, given four times daily, with two bottles of ale, and a well-regulated house diet.

On the second day the tumor measured nine inches in length by three and three-fourths inches in width, thus showing the immediate effect of the strapping. The same dressing was renewed every morning until the eighth day (20th), when two large sloughs were removed. A cure rapidly followed.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. D. A. Morse, Professor of Nervous Diseases and Insanity at Starling Medical College, Ohio, has sent us an introductory lecture on "The Mind." It is an illustration how prejudiced views prevent the acceptance of scientific generalizations. Dr. Morse is one of the few remaining believers in a *vis vitalis* and other metaphysical nonentities. Of course he opposes the doctrine of evolution, and whatever else goes against a view for which not a single sound argument exists.

BOOK NOTICES.

The Body and Its Ailments: a Hand-book of Familiar Directions for Care and Medical Aid in the more usual Complaints and Injuries of Adults and Children. To which is added a Family Health Record. By George H. Napheys, A. M., M. D., etc. Illustrated by over one hundred Engravings and Colored Plates. Philadelphia, H. C. Watts & Co., 1224 Chestnut street. 1876. Published by subscription. pp. 438. Price $2.

One of the gratifying evidences of growing intelligence in the mass of the people is the standard of merit they demand in school-books and treatises on popular science. Nowhere is this more evident than in comparing the wretched compilations on domestic medicine, say those by Buchan, Gunn and Warren, popular thirty years ago, with the ably written, excellent, and handsome volume whose title heads this article. Not only does its smaller compass contain ten times more valuable matter than those cumbrous old volumes, but it is wholly clear from the quackish ignorance conspicuous in their pages. The "Body and Its Ailments" is written in the true spirit of popularizing science; it does not attempt to compress between its covers the sum-total of a medical education, nor yet is it a mere compilation of hints in emergencies.

It is divided into four parts. The first is upon the "Structure and Action of the Body." Anatomy and physiology are here divested of their technicalities, and explained in lucid language, always with a view to the principles of hygiene, exercise and diet, which lie at the root of public and private health. An admirable system of "Gymnastics without Apparatus" is presented, and illustrated with numerous engravings. The cuts generally, we may mention, are engraved in the best style of art, and as the author has most judiciously avoided all that are either repulsive or in the slightest degree immodest, they add greatly to the appearance and worth of his volume.

This part of the work is further elucidated by an ingenious colored lithograph, used as the frontispiece, in which several layers, each representing a plane of the body, lift off, one after another, and thus exhibit the anatomy of the superficial and deeper planes of the trunk. This is unique and most interesting.

The body of the work is taken up with about one hundred and sixty pages on the diseases and injuries peculiar to adult life, and about seventy pages on those more peculiar to children. Each disease is considered under the headings of "Its Names," "How Brought On," "How Distinguished," "How Treated," and "How Prevented." Plain, simple directions are given, few and safe yet efficient remedies are suggested, such as an intelligent person would be most wise in employing when he could not have the services of a medical man. Prevention is dealt with fully, and the suggestions show a close study of modern sanitary science. The chapter on "Accidents, Injuries and Poisons" is the very best of its kind we have ever seen in popular literature, and there are not a few hints in it which a practitioner might remember to his advantage. The numerous wood-cuts which embellish it add very much to its character.

Children's diseases are carefully recorded, and the suggestions in regard to them will meet general approval.

The last part is devoted to special receipts for the care of the sick. These include nutritious, cooling and soothing drinks, gruels, broths, jellies, puddings, etc.; baths, plain and medicated; disinfectants, infusions, poultices, gargles, liniments, receipts for the hygiene of the person, etc., and some efficient and plain medicinal preparations. The selection in this wide field has been evidently made with unusual care.

The "Family Health Record," apparently modified from that of Professor Fonsagrives, is a feature that physicians cannot too warmly commend. Were it in general use, private practice would assume almost the precision of hospital practice. What is wanted to render the results of the former all that they can and ought to be, are intelligent care of invalids and a proper history of the case. Both these points can be gained by the general dissemination of such a book as this one before us. Physicians would, we believe, confer a benefit on the community by placing it, or one like it, in the hands of every household. The especial merits of this one are, that there is not a word or an engraving in it at which the most sensitive can take offence, and that it is composed in the highest tone of regular medical science.

Though published exclusively by subscription, the publishers offer to send copies of it by mail (post-paid) to physicians, on receipt of the price named.

THE

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A WEEKLY JOURNAL,

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CRIMINAL LAW AND MENTAL PATHOLOGY.

There is a probability that the criminal laws of all civilized countries will ere long be materially modified, to adapt them more thoroughly to the requirements of psychology. At present, they seem in a transition state. The theories of insanity, especially "emotional" and "volitional" insanity, are scandalously abused in favor of (wealthy) malefactors. It is nearly evidence enough, in this commonwealth, that a man is insane if he is extraordinarily wicked. Drunkenness and mania are standing defences.

Nor are such doctrines confined to this commonwealth. Mixed up with theories of free will and necessity, they come to us from abroad. At the last meeting of the German Congress of Naturalists and Physicians, at Gratz, a paper was read by Prof. Benedict, on the history of crime with regard to ethnology and anthropology. He touched upon delicate ground, asserting that every action is based less on liberty than on compulsion; that our acts are governed by natural laws and not by theological opinions, and that punishment may act as a corrective of perverted human nature, but is chiefly the outflow of the desire of society to avenge wrongs inflicted upon it. The best prevention of crime depends upon the increase of our knowledge of those circumstances that necessarily engender it.

A very similar opinion was advanced, or rather timidly suggested, by Dr. Austin Flint, in the address on "Practical Medicine," at the last meeting of the American Medical Association. After directing attention to the influence which hereditary mental taint, the prejudices of education or the want of it, and disease of the mind, bring to bear on the moral consciousness, He adds:—

"I will not assert that criminal conduct always proceeds from morbid conditions; such an assertion would, perhaps, come into conflict with theological doctrines, and I have no desire te be aggressive in that direction."

If Dr. Flint means that he is afraid to say what he thinks, lest some theologian shall attack him, his caution is excessive. His recommendation of a "Natural History of Crime" is, however, most excellent, and whatever its result as regards theories, its practical benefits could not be other than most valuable. Its importance is daily becoming more obvious. Professor Ordronaux, New York State Commissioner in Lunacy, in his report, recently submitted to the legislature, says:—

"Crimes of a violent character are multiplying with a fearful rapidity, and every circle of society seems to contribute its quota to swell the number of perpetrators. Causes of a manifold nature acquired by ancestors, transmitted to offspring, and by them steadily intensified, tend to produce a series of results, which last expression is either insanity or crime, or both."

In penal legislation, two reforms are urgently needed, the one which will do away with the plea of insanity as the unfailing excuse for villainy; and the other, a change of the theory of penal legislation. At present, this is either that society revenges itself for a wrong done to

it, or that it makes of punishment a warning to the evil disposed. The first of these theories is avowedly erroneous, and the second is impotent. The history of crime shows that not the most terrible punishments can check it; that, in fact, their severity is not what is deterrent in them, but their *certainty*. Therefore, the easy refuge of showing doubtful sanity as an excuse is most hurtful.

The progress of criminal law has been toward milder penalties. This should suggest its future reform. Do away with the death penalty altogether, do away also with the plea of insanity, but make crimes of the first magnitude punishable by lifelong imprisonment, without the possibility of pardon unless innocence be shown. The punishment for crime should be *compulsory education*, and that is what imprisonment should mean.

Preventive measures should also be taken. Professor Ordronaux believes that the State would be justified in passing a law making it necessary that every violent epileptic should, if at large, have a committee of the person appointed, who should give bonds for his peaceful behavior and safe custody, and be authorized to surrender him into the custody of an epileptic asylum whenever his condition may require it.

The power of the will lies in the supremacy of reason to emotion. Let no metaphysical cobweb of fatalism interfere with the efforts of practical reformations.

Notes and Comments.

New Chemical Drugs.

The *Chemist and Druggist* remarks that at the late meeting at Gratz some fine specimens of salicylic acid were shown:—

There were three distinct forms of the acid, viz., amorphous, a light white powder without crystalline structure; crystalline, composed of dazzling white crystals very like sulphate of quinine; sublimed, extremely light and loose, forming a pile of the most delicate needles of a silken lustre. All three kinds are perfectly soluble in the various solvents, and only the sublimed variety has an aromatic odor (not of carbolic acid); the two first sorts are quite without smell. Salicylate of quinine in white needles like the sulphate, from alcoholic solution. Monobromo camphor, in beautiful long shining prisms, which as yet has come into use only in America. Phenol absolutus, in distinct, large, dazzling white crystals, which form a spongy mass. The purity of this phenol is shown by its high melting point (34°), its very constant boiling point (187°), as well as by its property of forming a perfectly clear solution with twenty times its weight of water. The faint, not disagreeable aromatic odor, as well as the low liability to change, indicate the great purity of this body, which is particularly free from cresylic acid, and more than answers to the demands of the Pharmacopœia. The desire of physicians, who in vain demand a clear concentrated 5 per cent. solution of the Pharmacopœia articles, may be supplied by means of this phenol. This 5 per cent. solution, when applied on lint to wounds, causes absolutely no feeling of pain, a result very different from that which follows the application of the turbid solution of the (German) Pharmacopœia.

Maladies of Mystics.

A Belgian practitioner has published a work on the "Maladies which are special to Mystics," the purport of which is to show that Louise Lateau, and other persons of the same description, might be really total abstainers from food for a lengthened period. The *Revue Scientifique* announces that the Belgian Society of Medicine has ordered that work to be published in its *Comptes Rendus*. M. Charbonnier, the author, advocates the theory that people may subsist without food, because the nitrogen from the air can be admitted into the circulatory system, when the body has been emaciated by long abstinence. Late despatches say that Louise is not expected to live. No one violates the laws of hygiene with impunity.

Mortality of Drunkards.

It is stated that Dr. Ridge, one of the physicians of the London Temperance Hospital, recently said at a public meeting: "During the current year, out of thirty-nine persons for whom I have been called upon to give certificates of death, six were known to me to be drunkards, and had, in all probability, curtailed

their lives thereby. As the number of medical men in the United Kingdom is more than 17,000, the number of my certificates was under the average; and yet if all the medical men have attended at the deaths of six drunkards each in the year, at least 100,000 must have died. As this takes no account of the indirect causation of death through alcohol, I feel convinced that 60,000 is fully within the mark." The evidence of Dr. Ridge is very important, and his inference solemnly startling. Of course, the experience of one practitioner is no solid basis for a national calculation. But such a basis could be afforded if some hundreds of medical men would watch and report concerning the same class of facts for a given period.

Reappearance of the Plague.

The British *Medical Journal* says:—

Plague has so long been a subject of historical interest and curious epidemiological speculation, that the possibility of the disease again becoming familiar has occurred to few. The frequent reappearance of plague in the East during the past ten years, its presence in one locality on the south coast of the Mediterranean in 1874, and its wide prevalence in Southern Mesopotamia last year, suggest, however, that the disease may be about to again become a danger to Europe. It is not improbable that plague did not entirely cease in Mesopotamia with the termination of 1875; and already, early in the new year as it is, there are rumors of reawakened activity of the disease in districts of that country which have hitherto escaped since its reappearance. The medical bodies having charge of the public health propose giving its laws close attention at once.

Cannabis Indica in Post-partum Hemorrhage.

Dr. W. Donovan (*London Obstetrical Journal*, August, 1875) says that in cases of flooding after delivery, where ergot has failed, a full dose of tincture of cannabis indica (♏. xx) has in every instance checked the flow in a few moments. It also has the power of controlling and relieving metrorrhagia and profuse menstruation in a marked degree.

Half-Yearly Compendium.

We are still in want of copies of No. II, First Series, for which we will pay $1.50 each.

Correspondence.

Chloroform in Flatulent Dyspepsia.

Ed. Med. and Surg. Reporter:—

In that form of dyspepsia attended with rapid fermentation of food and evolution of gas soon after a meal, I find no remedy to give so prompt and satisfactory relief as chloroform, in doses of fifteen to twenty drops in one or two drachms of simple syrup. The gases are expelled from the stomach in a few minutes after swallowing the dose, fermentation is arrested promptly, and very seldom is any unpleasant effect experienced from the chloroform. Some patients speak of a slight intoxicating effect, that passes off in fifteen or twenty minutes. I have never seen it produce drowsiness in these doses, though, if repeated two or three times within an hour, it has a soporific effect upon subjects of mania-a-potu.

I desire, since I am writing, to add my testimony to the prompt relief of a case of nursing sore mouth by the use of subcarbonate of bismuth. The pharmacopœia had well-nigh been exhausted without benefit, when I chanced to see subcarbonate of bismuth recommended by a country practitioner, in the Medical and Surgical Reporter. I followed his lead, and came out victor. Respectfully yours, etc.,

Samuel E. Wills, M. D.

Cecilton, Md., Feb. 2d, 1876.

A Case of Cancer.

Ed. Med. and Surg. Reporter:—

About the 10th of last September Mr. Williams, aged 42, a laborer, came to this place to be treated for an enlargement of the right testicle and spermatic cord.

The history of the case is as follows: Five years ago Mr. Williams received a severe injury of the spine, in the lumbar region, from which he never entirely recovered, though he was afterward able to do farm work. But last July he experienced some difficulty in micturition, and immediately began this enlargement. On the 15th of October the diseased testicle was removed, by Drs. Macy, Hutchison and Martin, and, on examination, was found to present all the appearances of orchitis. His condition for some time after the operation seemed to be much improved, the scrotum healed in a few days, and he continued to do well until the 7th of November, when a tumor made its appearance in the right hypochondrium, extending through the iliac, and terminating in the inguinal region.

The tumor increased rapidly in size, and gave rise to intense pain, which was not amenable to opiates, but continued until his death, which occurred on the 14th of this month.

An autopsy was held by Dr. Macy, in the presence of Drs. Hutchison, Barns and Martin, and on exposing the abdominal cavity the peri-

neum was found to exhibit symptoms of recent peritonitis.

The tumor had attached itself anteriorly to the intestines and posteriorly to the vertebræ, which had been injured five years before. On removing the tumor it weighed two pounds and seven ounces; the surface was of a reddish color, and covered with nodules containing a substance somewhat resembling that found in a scrofulous tubercle, but rather firmer in consistency. The body was hard and unyielding to the touch; on section, was of a grayish color, nearly as firm as cartilage, and creaked when cut with a sharp knife. It was diagnosed to be carcinoma, of the scirrhus variety.

Reported by J. Homer Berry, student of G. W. Hutchison, M. D., Jamesport, Mo.

Jan. 25, 1876.

Syphilis of Six Years' Standing Cured by Large Doses of Iodide of Potassium.

Ed. Med. and Surg. Reporter:—

I desire to report the subjoined case:—

A. B., aged thirty-two, a market-man by occupation, applied to me, some two months ago, under the following circumstances: Having some patients in the house where he lay, I was invited into his room to see him. On entering, the stench was almost unendurable. I found him very despondent, and suffering from ulcerated inferior extremities, to such an extent that both bones of each leg were freely exposed, and the cranium was bare to the size of the palm of the hand. His vocal organs were also the seat of ulcerations, so that he could be understood with much difficulty. He stated that he had been afflicted with the disease for six years, and that he had spent nearly six months at our celebrated hot springs, without benefit, and that he had returned home to die. He had been in the habit, for some years, of taking whisky occasionally through the day, and I thought it would be proper that he should continue his libations. The ulcers were treated in the usual way, and he was ordered:

℞ Potass. iodide, ʒj
Syrupus sarzæ, Oij. M.

Sig. A tablespoonful three times daily, to commence with, and to gradually increase the dose until two spoonfuls were taken at the same interval.

After using the first bottle, he expressed himself as feeling better, and I thought, myself, I could see a slight improvement, and at each visit he seemed to be getting on well, and expressed himself more distinctly; and, to cut the matter short, the improvement was steadily progressive, and after taking the third bottle he left his bed for the market house, and has been reguarly attending to his business for the last four weeks, expressing himself as being entirely free from syphilitic taints.

This case is offered to illustrate the fact that potass. iodide, in large doses, is a *sine qua non* in the treatment of diseases of syphilitic character.

W. L. Terry, M. D.

Little Rock, Arkansas.

Asphyxia.

Ed. Med. and Surg. Reporter:—

You having asked country physicians for contributions, I send this as a "widow's mite."

A few days ago I was called by Dr. Johnson, of this county, to see a colored woman who had been in labor for thirty-six hours. The impotency of the pains were probably due to a couple of tumors, the size of hen eggs, suspended from the os by broad pedicles, and almost filling the vagina. The forceps were applied with some little difficulty, and the child delivered, apparently dead. The ordinary plans for resuscitating were tried in vain. When recovery seemed hopeless, the thought occurred to me (and has probably occurred to ten thousand other accoucheurs, but I never have seen it in print) that the protracted pressure on the head in the pelvis, and the pressure of the instruments, had forced the blood from the brain, and that gravitation would aid in returning it. I grasped the hips in the right hand, the shoulders and neck in the left, and lowered the head. By bending the abdomen over upon the breast, I forced the air from the lungs, and by again elevating the hips left in them a vacuum. In five minutes the child was breathing. I placed it in the recumbent position, and respiration ceased. I once more lowered the head, and once more the breath of life returned, and still remains. The apparent happy result of the experiment may have been a coincidence. One case cannot establish a fact. I believe the asphyxia caused, as above stated, by pressure, and that gravitation will assist in restoring the cerebral circulation. The plan, too, of artificial respiration is far more effective than any other.

R. M. Swearingen, M. D.

Austin, Texas.

Poisoning by Corrosive Sublimate.

Ed. Med. and Surg. Reporter.

I believe the following case will be found of sufficient interest to justify publication:—

Salathiel McDonald, aged forty, came to my office on December 31st, 1875, requesting a prescription for a skin disease which, he said, had been troubling him for some months, and I ordered him the following:—

℞ Hydrarg. chlor. corros., grs. xx
Rad. sang. canad. pulv., ʒj
Flor. sulphur, ʒij
Adipis suillæ, ʒij.
Misce. Ft. ung.

Sig. Wash the skin thoroughly with soap and warm water, and after drying well with a towel, anoint the eruption with a very little of the

ointment, and do this every second night until cured.

The ointment was made according to order, but, instead of using it on the skin, as directed, he actually madly swallowed the whole of it at once. His residence was but about three blocks from my office, and my son, Dr. W. Pitt Norris, saw him in less than ten minutes thereafter, when vomiting had already commenced, which was encouraged by copious draughts of water, in which flour was stirred, alternated with the whites of raw eggs and milk. He had eaten a full supper a few moments before swallowing the ointment, and the ointment, containing three or four emetic doses of bloodroot, induced very free and full emesis; the poison, lodging in the food, was thereby almost totally ejected. He, nevertheless, had the characteristic burning sensation in the fauces, œsophagus, and stomach, frequent serous alvine dejections, and spasm, from time to time, of nearly all the voluntary muscles. The alvine dejections and spasms declared themselves in about five hours after the taking of the poison, and were promptly relieved by hypodermic injections of Magendie's solution.

The man made a very good "getting up," without any very serious inflammatory symptoms, and was on the street again in forty-eight hours after having swallowed more than *two hundred medicinal doses* of one of the most violent corrosive poisons in the whole catalogue.

J. N. Norris, M. D.

Birmingham, Iowa.

News and Miscellany.

The United States Medical Directory.

It is proposed to prepare a second revised edition of this work. Physicians who have commenced practice or changed location during the past three years (other than those whose addresses are on our subscription lists), are requested to forward notice of such changes to this office.

"Guessing" at Poisons.

The Coroner of Chicago, in his annual report, says:—

Proprietors of "drug stores," so-called, frequently leave the management of their establishments to youths still in their teens, boys who ought to attend school, and who, nevertheless, manage "drug stores" with almost admirable impudence. I remember a boy of this class on South Clark street, who actually stated to a jury that it was not necessary to weigh morphine for the retail sale, and that he could tell by his eyesight "how much he should sell for five cents!"

—A Legislative committee has been appointed at Trenton, to inquire into alleged extravagance in the asylum for lunatics near Trenton.

Small-pox Preventive.

At the last meeting of the Washington Board of Health, a communication was received from Prof. Thomas Taylor, of the Department of Agriculture, calling the attention of the board to a new composition of matter (a sample of which accompanied the letter) to be used in the disinfection of the clothing of persons afflicted with small-pox. The liquid consists of benzole, carbolic acid and alcohol.

Prof. Taylor holds that the germs of the small-pox disease are enveloped in degenerated fatty matter, and are in this way protected from destruction, unless a solvent such as he proposes is used.

Queries and Replies.

Hartford.—You should address Dr. John Curwen, Superintendent, Harrisburg, Pa.

Antique.—An excellent translation of the *Regimen Sanitatis* of the school of Salernum, was published a few years ago, by Prof. John Ordronaux.

International.—The programme of the International Congress will be published in the Reporter as soon as ready. This will be in a few weeks.

Marriages.

Alexander—Gray.—At Traveler's Rest, November 17th, 1875, by Rev. Dr. Murdaugh, Dr. Joseph Graham Alexander, of Church Hill, Tennessee, and Miss Lucy Robb Gray, daughter of the late John Bowie Gray.

Berger—Dausmann.—December 29th, 1875, in Trenton, Illinois, Dr. Lyman A. Berger, of Lebanon, Illinois, and Miss Lillie E. Dausmann, of St. Louis, Missouri.

Cravens—Van Slyke.—On January 27th, 1876, at the residence of the bride's father, by Rev. H. O. Chapman, T. A. Cravens, M. D., and Miss Annie Van Slyke, all of Bloomfield, Indiana.

McGraw—Raynor.—In New York, on Thursday, January 27th, at the residence of the bride's mother, by the Rev. J. Lyman Hurlburt, Richard D. McGraw, M. D., and Lidie H., only daughter of Mrs. E. J. and the late Charles Raynor.

Ortiz—Wainwright.—On January 31st, by the Rev. Wm. H. Suddards, D. D., Dr. T. A. Ortiz, of Cuba, and Lizzie Wainwright, of Philadelphia.

Scofield—Candee.—In this city, on Thursday, the 27th ult., at the residence of the bride's parents, by Rev. Homer N. Dunning, Dr. Walter K. Scofield, United States Navy, and Mary E., eldest daughter of J. A. Candee, Esq.

Swayze—Ford.—On the 3d inst., at Philadelphia, by the Rev. Chas. E. Ford, assisted by Rev. Wm. H. Hodge, Dr. Geo. B. H. Swayze and Miss Mary A. Ford, only daughter of the officiating clergyman.

Deaths.

Annis.—In Westfield, Vermont, January 13th, Dr. A. W. Annis, aged 62 years.

Ferrie.—On Sunday, January 22d, at 2 A. M. at their residence, in Mt. Pleasant, Ohio, Mary, wife of Dr. William Ferrie, aged 51 years.

Paul.—In Belvidere, New Jersey, on the 28th ult., Rebecca, wife of Dr. J. Marshall Paul, Sr.

Rousseau.—In Pristol, Pa., on the 3d inst, L. V. Rousseau, M. D., in his 64th year.

THE

MEDICAL AND SURGICAL REPORTER.

No. 990.] PHILADELPHIA, FEB. 19, 1876. [VOL. XXXIV.—No. 8.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

WESTERN NORTH CAROLINA AS A HEALTH RESORT.

Read before the American Public Health Association, November, 1875, at Baltimore,

BY WILLIAM GLEITSMANN, M. D.,

Of Asheville, N. C.,

Physician in charge of the Mountain Sanitarium for Pulmonary Diseases.

The tendency of climatological science in our times is mainly due to the study of the different constituents of climate, in order to ascertain thereby the fitness of special localities to certain classes of disease. The present sketch originated in the desire to make a small contribution to this department of our science, by furnishing a few data concerning a region heretofore unknown in its climatic relations to a great number of our people.

Western North Carolina, with the adjacent parts of northwestern South Carolina and northeastern Georgia, contains the southern extremity of the Apalachian chain, which extends in a continuous range to the north, through the whole eastern part of the Union. The highest elevations of the whole chain are found in its southern part, and especially in western North Carolina, thereby imparting special peculiarities of climate. The region which directly occupies our attention is bounded east and west by high mountain ranges, sloping gradually down, in the extreme north, to the southerly extension of the great Virginia valley, and declining very abruptly to the lowlands in the south. The boundary on the west is formed by the Unaka, Great Smoky, the Bald, Iron and Stone mountains, their highest ridge coinciding with the State line between North Carolina and Tennessee. To the east we find the Blue Ridge proper, with the highest elevations east of the Rocky Mountains; Black Dome being 6707 feet above the level of the sea. The Blue Ridge in this section is the watershed between the Atlantic Ocean and the Mexican Gulf. All the streams having their sources east of the ridge empty into coast rivers, which flow, after short courses, into the Atlantic; whilst to the west all the water flows into the Tennessee river, a tributary of the Ohio, and finds its outlet through the Mississippi into the Gulf of Mexico. Six principal streams break through the high western mountain barrier, among them the Tennessee river itself; and this peculiar feature contributes greatly to the variety of the different valleys, and enhances the beauty of the landscape. Prof. A. Guyot, of Princeton College, New Jersey, who explored this country some time ago, published a series of measurements he had taken. In this list, fifty-one mountains, rising over 6000 feet above the sea-level, are mentioned.

Western North Carolina embraces an area of about five thousand square miles, and has its greatest extension from north to south. The length, from Virginia to Georgia, is about one hundred and eighty miles, while the breadth varies from twenty to fifty miles. The whole country is undulating, and perfectly level places, even of small extent, are rarely to be found. It can neither be called a valley nor a high plateau, as several high mountain-

ranges, of which the Balsam Mountains are the most prominent, traverse it from northwest to southeast, and the spurs of which, extending all over the country, are the cause of its irregularity. The high barrier in the west, formed by the Great Smoky Mountains and their continuation, runs from southwest to northeast, and breaks the force of the northwest storms so frequently occurring, and so well known for their severity all over the eastern portion of our continent.

The geological character is, in general, of primary formation, which gives to the water a purity and softness highly appreciated by strangers. Springs are numerous, and greatly add to the richness of vegetation, which clothes all the mountains to their very summits. The mountains are all covered with timber, and a great variety of species presents itself to the eye of the botanist.* The soil is rich, and especially on the summits of the hills, a fact which, although surprising at first sight, is easily explained by the circumstance that the decay of leaves and vegetable matter is left undisturbed by the hand of man or the washing of rains. The clearness of the atmosphere, on bright, sunny days, makes the mountains appear much nearer than they are in reality, and often deceives in estimation of distances.

If we enter into special investigation of the individual climatic factors, we have the longest series of observations made by the volunteer observer in Asheville, for the Smithsonian Institute, extending over a period of nearly eight years. This place is the principal town of Western North Carolina, being situated in the wide valley of the French Broad river, 2250 feet above the ocean, and 250 feet above the river. It is located on an irregular plateau, extending from the base of the last spurs of the Black Mountain, and is the true representative of a mountain climate. The place, owing to its southerly location (35° 36′ north latitude), possesses the great advantage of being less subject to those great extremes of temperature under which the Eastern and Western States of the Union suffer so much. The importance of this subject may justify an explanation, by some details and figures, in proof of the correctness of my assertion. Asheville is famous for the coolness of its summers, the temperature of 90° being recorded only once in the whole period of eight years. The thermometer seldom rises above 85°, and the highest temperature in 1875 was 86°; 1874, 88°; and 8° the lowest point reached by the mercury, in the winter of 1874–75. The average summer temperature is 70.7°; and if we compare the extremes of heat and cold in cities having an equal or similar summer mean, the Chief Signal Office Report for 1874 furnishes us the following interesting data, for the period from October 1st, 1873, to September 30th, 1874:—

Cities.	Average Summer Temperature.	Highest Summer Temperature.	How often Temperature Above 90°.	Lowest Winter Temperature.	How often Temperature Below 0°.	Range of Temperature for whole year
Asheville, N. C.	70·7 deg	88 deg.		8 deg.		80 deg.
Sandy Hook, N. J.	69·8 "	93 "	3 times	7 "		86 "
Long Branch, N. J.	69·8 "	94 "	5 "	7 "		87 "
Cleveland, Ohio.	71 "	96 "	5 "	8 "		88 "
New York City.	71·7 "	93 "	5 "	4 "		89 "
Detroit, Michigan.	69·4 "	97 "	5 "	0 "		97 "
Chicago, Illinois.	72·2 "	99 "	16 "	- 6 "	1 time	105 "
Denver, Colorado.	73 "	102 "	50 "	-11 "	11 "	113 "
Colorado Springs.	70·8 "	101 "	39 "	-17 "	14 "	118 "
St. Paul, Minn.	71·3 "	99 "	25 "	-23 "	33 "	122 "

This table, which could easily be enlarged, shows in strong figures the uniformity of climate at Asheville. But places with even a lower summer mean than Asheville show a considerably higher extreme, as we learn from the meteorological report of Professor G. T. Kingston for the Dominion of Canada for 1874. The whole number of stations was fifty-three, all of which have a lower summer mean than Asheville. Of these stations, twenty-six showed over ninety degrees temperature; and of twenty-eight stations in Ontario, twenty-one gave the same thermometric result, over ninety degrees. We would obtain a similar table in a contrary direction, by taking the winter mean of Asheville (37·8°) as a standard of comparison with other places of the same mean winter temperature. Let it, however, suffice to say that these observations are corroborated by the records of the different volunteer stations in Western North Carolina, as published in Professor Kerr's report.

It can fairly be said that this region, and especially Asheville, has one of the lowest extremes of summer temperature, and that few places are found on the eastern side of the continent combining such coolness of summer with mild winters. Places of the same elevation show a

* Prof. W. C. Kerr, State Geologist, says, in his report just published, that of species found in the United States, east of the Rocky Mountains, there are:—

Oaks,	22,	and	19	in	North Carolina.
Pine trees,	8,	"	8	"	"
Spruces,	5,	"	4	"	"
Elms,	5,	"	3	"	"
Walnuts,	2,	"	2	"	"
Birches,	5,	"	3	"	"
Maples,	5,	"	5	"	"
Hickories,	8,	"	6	"	"
Magnolias,	7,	"	7	"	"

still greater difference in our favor. Another feature of interest presents itself in a comparison, during a long period, of the diurnal ranges of the thermometer in places at the same or higher altitude. As the Chief Signal Office Report for 1874 does not contain records of the maximum and minimum temperature at stations of a similar elevation, it is necessary to take stations which, though located higher, have the range during a full year recorded. In the following places, in Colorado, Dakota and Wyoming, the daily range of the thermometer over 20° has been calculated and placed in subdivisions of 5°, from 20° upward to 60°; and the same has been done for Asheville, for the years 1873 and 1874.

Diurnal Range, in degrees, F.	NUMBER OF OCCURRENCES OF THE DIURNAL RANGE IN								
	Colorado Springs, 1874, 10 mo. and 6 days.	Denver, Col.		Fort Sully, Dakotah.		Cheyenne, W.T.		Asheville, N.C.	
		1873	1874	1873	1874	1873	1874	1873	1874
20°-25°	46	58	55	74	70	66	63	46	30
25°-30°	47	59	68	49	80	71	83	28	18
30°-35°	52	59	77	43	51	67	63	14	14
35°-40°	72	55	60	47	35	34	50	1	4
40°-45°	33	29	31	18	16	16	26	..	1
45° 50°	19	6	11	4	6	4	5	..	..
50° 55°	3	1	1	..	1	..	..	..	..
55°-60°	2	..	1	..	..	..	..	..	..

This table needs no commentary, but speaks for itself. Whilst the highest daily range at Asheville was but once in two years over 40° (and then only 41°), Colorado Springs shows the same range thirty-three times in less than one year. Denver twenty-nine times in 1873, and thirty-one times in 1874, etc., and both run in decreasing number up to the high range of between 55° and 60°. It is here necessary to state that in the extremely dry regions of Colorado and the Western territories crossed by the Rocky Mountains, the cold air and change of temperature are much less perceptible; an observation which, to a certain extent, is also made here.

Records of the other climatic elements in this region are scarce, and the fullest are those of the rain-fall, and its amount in inches for a period of several years, in Professor Kerr's report. We here learn that of eighteen stations in the whole State, only one has a lower amount of rain-fall than Asheville, viz., Greensboro, which shows but 19.9 inches, whilst Asheville has 39.4, or as a mean of 8 years, 40.2 inches.

All stations of Western North Carolina have considerably more, ranging from 48.5 to 72.8 inches; the average for the whole western division being 58.2 inches. Our place, therefore, shows a very favorable ratio in comparison with the surrounding country and the State in general. The pressure of vapor, its weight, the absolute humidity, have, to my knowledge so far, not been measured; but the observations of daily life, the rapid drying of roads after a rain-fall, the conservation of meat hanging in the open air, etc., indicate but a small amount of moisture suspended in the air. The unusual rain-fall and general atmospheric conditions of this summer deprived researches into the relative humidity (saturation at 100) entirely of their value. Instituted only a short time, the mean of three observations for the time at which patients generally move about in the open air, viz., noon, 2, and 4.15 P. M., give for the month of October 50.2° and for the whole month 64° relative humidity.

If after these considerations, we regard the climate of this section as a whole, we find all the theoretical requirements of a mountain climate existing in their proper relation. It is not here in place to urge in detail the beneficial effect of elevated regions on the large class of sufferers from pulmonary phthisis. But as it is not yet known and universally acknowledged that the decrease of the occurrence of phthisis is greatly dependent upon elevation above the sea-level, and the consequent lower barometric pressure of the atmosphere, it will not be out of the way to quote, from the extensive literature of this subject, some few works which may aid those wishing to make investigations in this direction.* The practical application of these

* *Fuchs:* Medizinische Geographie, 1853. *Muehry, A.:* Climatologische Untersuchungen, oder Grundzuege der Climatologie; Leipzig und Heidelberg, 1858. *Muehry, A.:* Climatographische Uebersicht der Erde; Leipzig und Heidelberg, 1862. *Jourdanet, D.:* Les Altitudes de l'Amérique Tropicale; Paris, 1861. *Jourdanet, D.:* L'air Raréfié; Paris, 1862. *Jourdanet, D.:* Le Méxique et l'Amérique Tyricale: Paris, 1864. *Hirsch, August:* Handbuch der Historisch Geographisches Pathologie, II Band; Erlangen, Fr. Enke, 1862-1864. *Smith, Archibald:* Climate of the Swiss Alpes and of the Peruvian Andes compared; Dublin *Journal*, 1864, 1866. *Schnepp, B.:* Études sur les Climats, etc.; Paris, 1865. *Weber, Hermann:* On the Influence of the Alpine Climates on Pulmonary Consumption; British *Medical Journal*, 1867, vol. II. *Weber, Hermann:* On the Treatment of Phthisis by Prolonged Residence in Elevated Regions; Transactions of the Medical and Chirurgical Society in London, vol. LII 1869. *Küechenmeister, Fr.:* Die Hochgelegenen Plateaus als Sanatorien fuer Schwindsuechtige; Wien, 1868. *Küechenmeister, Fr.:* Ueber das Vorkommen der Lungenschwindsucht, etc.; Dresden, 1869. *Spengler:* Die Landschaft Davos; Basel, 1869. *Drysdale, Chas. R.:* Alpine Heights and Change of Climate in the Prevention and Treatment of Pulmonary Consumption, Lon-

theoretical researches, viz., the treatment of consumptives by a protracted sojourn in elevated places, is being, and has been for some time past, carried out on a large scale in Europe and other parts of the globe. According to a recent compilation, there are now 123 mountain resorts in existence in Europe, at elevations from 1500 to 4000 feet and over. Our section has a great advantage over many European resorts, which are, without exception, situated in more northerly latitudes. Although phthisis is observed in countries with most heterogeneous temperature, it will nevertheless be in many cases desirable to send such patients to a locality of moderate thermometric range and extremes; as sudden changes often prove causes of fresh colds or intercurrent affections. In the South the rays of the sun have greater power; insolation, generally more powerful in the mountains, is increased, and affords a most valuable medium for the invalid in winter. He is thereby enabled to move about, or to sit in sheltered sunny places on winter days, and enjoy without injury the salubrious influence of fresh air. The relations of ozone in the air have not been as yet investigated, but all conditions for its production are present—as abundance of vegetation, of water, electric tension and great evaporation. The purity of the air is another element of value in mountain districts. Low temperature, dryness, greater amount of ozone, are not favorable to the development of micrococci and bacteria; and the processes of putrefaction, fermentation and moulding are diminished or entirely absent. Diseases originating from their products do not exist, or cannot gain a foothold; no manufactories contaminate the atmosphere, and the patient inhales with delight the pure air. The mountain climate in general exerts a tonic influence over the whole system, induces greater activity of all organs and functions, and imparts strength. The desire for food is increased, and the latter better digested and assimilated. The psychical influence of the beauty and grandeur of nature has undoubtedly a beneficial effect on the depressed human mind.

don, 1869. *Lombard:* Les Climats des Montagnes; third edition, Genève, 1873. *Biermann, A.:* Hochgebirge and Lungenschwindsucht; Leipsig, Otto Wigand, 1874. *Scrivener:* On the Bolivian Andes; in several journals. Nature and Curability of Pulmonary Phthisis; Richmond and Louisville *Medical Journal*, July, 1875, by *Theanblor*. Altitude and Climate in the Treatment of Pulmonary Phthisis; Transactions of the Medical and Chirurgical Faculty of Maryland, 1875, by the same.

Before ventilating the question as for which diseases this climate can be advised, it is necessary to state that one great attraction of the future is not developed at all at present. Western North Carolina has the greatest abundance of mineral springs, which, with very few exceptions, have never been analyzed, and the medical use of which has never been thought of or attempted. Without having paid, so far, special attention to this point, I counted over half a dozen such springs in the immediate neighborhood of the town of Asheville. There are alkaline, chalybeate, and sulphur springs to be found, but none of them are properly set or utilized. Five miles from this town is a good and abundant sulphur spring, which, many years ago, attracted a great number of visitors. A large hotel, capable of accommodating two hundred guests, was erected, and the grounds nicely laid out; but since the house was destroyed by fire, in 1860, the springs and property are neglected and unused. The warm springs in Madison county, thirty-six miles west of Asheville, are the only ones now extensively visited, and have proved beneficial in many cases to which they are adapted. There is no doubt that, as soon as attention is once properly directed to this subject, these resources will soon be developed and made available to the sick.

Although, for some time to come, we must depend solely on nature's abundant gift of climate, we find many instances in which this proves efficacious and beneficial. Among constitutional disturbances, we may mention nervous prostration from overwork, insufficient nutrition, anæmia after severe sickness, chlorosis, dyspepsia, and malarial cachexia. It has already been mentioned that improvement in digestion and assimilation takes place here as a rule, and my own experience corroborates the assertion of other observers. I would here observe, without further specifying the effect of the climate on such patients, that a certain amount of strength must still be left them, in order that they may obtain relief. The individual organs should not be so debilitated or degenerated that the result of treatment will be prevented by the impossibility of stimulating their functions. Malaria and its consequences are unknown here, and a recovery from its manifold sequelæ can safely be expected.

Finally, this region has an important value in relation to diseases of the respiratory organs,

and amongst them more especially pulmonary phthisis. Patients for whom climatic treatment in elevated regions is indicated, find here all the necessary conditions in their fullest extent. The best results are attained in defective development of the thorax in young people, either hereditary or brought about by disease, or too rapid development. This is the frequently occurring so-called atony of the lungs, with want of full breathing, and mechanical predisposition to disease of the apex of the lungs. To these patients climatic treatment almost invariably offers a cure, and even a few months of such treatment, under proper control, suffice to produce better complexion, greater strength, more energy in the performance of the functions in general, and increased capacity of lung. Phthisical catarrh of the apices and chronic infiltrations of the lungs are also proper conditions for treatment by mountain climate; but the latter should not be so extensive as to make breathing rarefied air dangerous, or to prevent the energy necessary for constitutional reaction in general. The same may be said of cases where the breaking down of tissues has already set in. The selection of such patients should be made with care. Taken as a whole, the expression may be allowed that our region will be found advantageous for the majority of those cases which are suited for treatment in elevated regions, uniting as it does, by its situation, by far the greatest number of the desiderata of a mountain climate.

The accommodations for the reception of invalids are slowly but steadily increasing. Asheville will be, before long, the centre of railroads, and there is no doubt but that a bright and promising future is in store for this beautiful, sunny country.

IS QUININE AN OXYTOCIC? A BRIEF REVIEW OF THE QUESTION.

BY H. S. WOLFE, M. D.,
Of Corydon, Indiana.

The question as to whether quinine possesses oxytocic properties is one of very great importance. When we consider the widespread influence and potency of malaria as a cause of disease, as well as the great malignancy of many of the affections produced by it, together with the admitted fact that quinine is the only reliable remedy for diseases of this kind; and when we add to this a consideration of the fact that pregnancy is a common condition of women in every community, and that they are equally liable with others to contract malarial diseases, often, too, of a stubborn form, the question, viewed in the light of their interests, at once assumes immense proportions. We cannot, as a rule, treat malarial affections successfully without "bark" in some of its forms, and to withhold it from any, in the present state of our knowledge, is virtually to give them up to the ravages of this class of affections. It is, therefore, no light matter to put forth the idea that quinine ought not to be given during the period of gestation, or that it should be given under restrictions, and therefore sparingly and inefficiently, to this class of patients. And it ought not be put forth, except for the best of reasons.

If there be ground for the belief, however, that quinine will, even occasionally, produce abortion, the profession ought, by all means, to know it, for to recklessly administer drugs possessing such power would be but little short of a crime. But if there be little or no ground for such belief, then let us boot the idea entirely out of the professional mind, and thus leave all, and especially the timid, free to treat their pregnant patients in such a way as to afford them all the chances for recovery granted to others. The question is too important to be treated in a loose or uncertain manner, for, however little effect the opinion that quinine is dangerous to pregnant women may have upon the older and more confident of the profession, there can be no doubt but that the articles, though few, which have already appeared in print on this subject have had the effect to unsettle the practice of some of the less decided, and thus have led, doubtless in many instances, to the inefficient treatment of pregnant patients, who, of all others, the most urgently needed it. It is in the hope of assisting, with my experience and observation, to settle this important question, that I offer these considerations to the profession.

I have been actively engaged in the practice of medicine for the past twenty years, all the while in the most malarial region of Indiana, and during all this period I have uniformly given my pregnant patients quinine in rather larger quantities than to non-pregnant patients, and I can confidently say that I never knew a case of abortion in which there was the slightest reason to believe that quinine had anything

whatever to do in producing it. Quinine in some form has been in almost universal use for many years, being administered very largely by all classes of the people, and for all kinds of disease, without reference to their cause; and yet, during all this long period of use and abuse, it was not noticed, until within a comparatively late date, that it possessed any oxytocic power whatever. So recent indeed, or so insignificant, has been the date of this supposed discovery, that it has not yet, so far as I know, received even so much as a notice in any of the standard text-books, either upon materia medica or midwifery. This, I think, is certainly true of the United States Dispensatory, the later editions of Ramsbotham, and the new and justly popular work of Leishman. Why is this? Why this late discovery, and this unaccountable neglect of so seemingly important a subject, by systematic writers? Have the mental perceptions of all those who have lived since the discovery of Peruvian bark been so obtuse as to disable them from seeing events transpiring under their own eyes? I know that men are usually slow to perceive the truth, and that we are often stumbling over the most valuable discoveries without seeing them; still, when we consider the abundant opportunity for making this one, the lateness of the discovery that quinine is capable of producing abortion, is, to my mind, positive proof that the potency of its action is not very great, and that ordinarily we need not fear to administer it in such quantities as the case before us may seem to require.

I have carefully studied all the cases that have fallen under my observation, which have been brought forward in the medical prints to establish the oxytocic power of quinine, and I believe that not in a single instance can it be positively asserted that the drug has caused a miscarriage. I know that there have been instances of abortion occurring while the patients were taking quinine; but I know also that there have been instances of abortion in patients suffering with malarial disease, who did not take quinine, and who probably aborted for the want of it; and so, moreover, do I also know that patients have recovered from threatened abortion while taking quinine very freely. All this, however, unless of common occurrence, proves nothing but coincidence. But when we consider the relative frequency of these coincidences, we shall see it proves a great deal. For, since quinine has become the main reliance in malarial and other diseases, the number of pregnant women who have taken it is named legion; and in all this vast host the number of cases of abortion believed to have been caused by it may almost be counted upon your fingers. Thus the probable cases in which no harm has followed its use so overwhelmingly outnumber those of the other class, as to render this negative kind of experience of nearly equal value with the most positive testimony in its favor.

Of all the cases which I have seen reported, favoring the idea that quinine is capable of exciting contractions of the womb, those of Dr. Blackwood, of Philadelphia (Reporter, January 9th, 1875) are the strongest. Such cases as those of Dr. Burt, of Kansas (Reporter, February 5th, 1870) and of Dr. Packard, of Philadelphia (Reporter, July 18th, 1874) carry with them almost no weight at all. The first case of Dr. Burt's was only a case of threatened abortion, following, it is true, the exhibition of a dose of quinine, but coming on at the time of "expected chill," and fully relieved either by the quinine given for the chill, or the morphine given for the uterine pains. The second one of his cases is simply the history of a case in which the uterus relieved itself "of a dead child" during the continuance of an attack of chills and fever, and while taking quinine in insufficient doses to control the disease. The case of Dr. Packard's was most likely not a case of premature labor at all, it having occured only "thirteen days before time," a period altogether too short to render it at all certain that the lady was not at full time. Besides this, the quantity of quinine given (six grains a day) was too small to have any appreciable effect upon the system in any way. In Dr. Blackwood's cases it is notable that only three grains of quinine were given every four hours, in a quotidian intermittent, a quantity too small, in any kind of intermittent, to have any very decided effect, and which in these cases did not control the chills "to any decided degree;" and, also, that it was not until "during the fourth day" that any signs of labor presented themselves, a period in the cases when their appearance would not have surprised me. Dr. B. says no unpleasant symptom was noticed until the system was more or less influenced by the quinine; and this, too, when the chills had not been controlled to "any decided degree." Would it not be better to say that, the system being uninfluenced by

the quinine, labor set in, in consequence of the uncontrolled violence of the disease? A quotidian of four days' duration would not be well for a pregnant woman under the most favorable circumstances. But, says Dr. B., "I attended the same ladies for intermittent fever again, and in each case pregnancy existed at the time. * * * I brought each of these cases fully under the influence of arsenic, * * with a satisfactory result." In other words, doses of arsenic sufficient to control the disease did no harm. Are we not justified in believing that doses of quinine sufficient to have controlled the chills "to a decided degree," in the first instance, would have been crowned by a like happy result? I submit that even these cases of Dr. B.'s, when analyzed, are very far, indeed, from proving that quinine was the cause of premature labor in any of them, but that they rather favor the idea that the unfavorable result was owing to the want of sufficient treatment to promptly control the disease. There can be no doubt but that in all of them the bad result may, with equal justice, be ascribed to the disease, as well as to the remedy.

In my own practice I have repeatedly known cases of threatened abortion promptly relieved by the efficient administration of quinine. So well established, indeed, is this principle with me, that I always administer quinine freely when I have the slightest reason to believe that my patient is affected by malarial poisoning. I could give a large number of cases, from my own and from the practice of others, illustrative of the value of quinine for the relief of pain believed to be of malarial origin; but this article has already exceeded a proper length, and they cannot, therefore, be given. It may suffice, however, to say that, so far from withholding quinine from my pregnant patients, I always urge the necessity of its use; and in consequence of a stubborn form of malarial disease common in such patients, I generally give it in rather larger doses than to non-pregnant patients, and I have never known any bad result to follow such practice.

The importance of this question has called out this article, and it still calls for a more thorough discussion of this subject than it has hitherto undergone. To leave it where it now is, a practice of the utmost importance to our female patients will be, as I think, embarrassed without cause. We, therefore, should be glad to hear from others upon the subject.

MANAGEMENT OF THE BAG OF WATERS IN NATURAL LABOR.

BY T. CURTIS SMITH, M. D.,

Of Middleport, O.

In the few remarks I shall make on this subject it is not at all improbable that I shall offer a few ideas totally at variance with the teachings of nearly all of our standard text-books on obstetric practice. Be that as it may, they have grown out of personal observations at the bedside in an experience of managing over five hundred cases of labor.

Nearly all of our text-books direct, in substance, that the bag of waters shall not be ruptured until the dilatation is complete, and not then, unless the membranes are so tough and strong as to cause a retardation of the labor by failing to rupture spontaneously; and most authors strenuously urge this point upon all students. Some even go so far as to recommend that the bag of waters be allowed to remain intact even if it protrude beyond the vulva, and after the head has left the uterus and is resting in the vaginal canal. Such practice is, as a rule, safe; but if my observations are correct, it very often leads to a great deal of needless suffering on the part of the woman in labor, by prolonging the duration of parturition, and, therefore, needlessly taxing her strength and patience beyond that which is really necessary.

It not infrequently occurs that the waters are drained off before labor sets in. In such instances we are told that the labor will likely prove tedious, and more than ordinarily painful. Such has not been my experience in these cases, for they have proceeded with as much rapidity as the majority of cases do, and the fœtus, though exposed to the pressure needed to effect dilatation, has usually been as vigorous as when the waters drained off late in the labor. In fact, the process of dilatation, to my mind, is purely physiological, and the pressure idea, to effect dilatation, is rather overdone. In other words, it is not effected by purely mechanical force, but by a physiological condition of the circular fibres of the os at the time of labor.

In the course of practice the physician often meets with cases where, though the uterine contractions are strong, and the head commences to engage, nevertheless there is no bag of waters formed, or a very small one at least, and after the head has slightly engaged, it remains stationary for a long time, or progresses slowly,

even in the face of severe contractions, and even when dilatation is sufficient to permit of ready advancement. In such cases I have usually ruptured the membranes, allowed the waters to drain off, and have, I believe, invariably had the pleasure of noting the advancement of the head with very much greater rapidity than before the membranes were broken. Again, we often find cases where the labor seems normal, but slow; the os is not much dilated, but is soft and dilatable; the contractions are not very efficient nor distressing, and, even when the uterus is contracting, the sac of waters is not very tense. If the waters are promptly drained off in these cases, the contractions immediately become stronger, and labor soon terminates.

In still another class of cases we find that, though the pains appear regular and the os is a little dilated, at every contraction the patient suffers the most excruciating distress—grinding, tearing pains—and though these continue and seem to be severe, an examination during the pain shows that there is little, if any, expulsive effort. Often no perceptible advancement can be noted, and the amniotic sac is not made perceptibly tense. In these cases, if the os is not rigid, I rupture the sac, drain off the waters, and have invariably found the contractions to become at once more efficient, and labor proceed to a prompt termination. If, in such cases, the os is rigid and the pains are of the character last described, a dose of opium or Dover's powder will so far change the condition of the uterus, or character of the pains, as to permit them to at once become efficient and expulsive.

In short, in nearly all cases of labor that prove the least tardy, and where the os is either dilated or soft and dilatable, I rupture the sac at once, and am convinced that the term of suffering is very much abbreviated in most instances.

The fear of danger to the child in such cases, I think, is unfounded, so far as pressure from the os is concerned. We have more need to fear danger from its passage through the vulva, from perineal pressure; and at this point it is seldom, indeed, that the amniotic sac exerts any dilatatory influence worthy of especial note.

I think we often find the uterus so much distended with its contents, that it is unable to promptly exert any powerful influence in expelling its contained fœtus, water, and secundines. But if the distention is in part overcome by letting off the waters, it at once takes on more vigorous action and soon completes its painful task.

In primiparous cases I would not be in much haste to let off the amniotic fluid; but even here, if the os is thoroughly dilated, and the perineum soft, I do not know of anything to be gained by sitting quietly by for an indefinite period doing nothing, simply because the "waters do not break." I am fully aware of Blundell's obstetric maxim, that nature is generally able to accomplish her work unaided, but still I see no reason why we should fail to give her our aid by art, to help her in the accomplishment of terminating the labor as readily as we would assist nature in eliminating a fever, even if we had every reason to believe that in the course of time she would accomplish the same end, though not so quickly as with our aid.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

CLINIC OF PROF. DA COSTA, JANUARY 8, 1876.

REPORTED BY FRANK WOODBURY, M. D.

Salicylic Acid for Foul Breath and Offensive Expectoration.

Gentlemen: It will not be necessary to go into the details of the history of this patient, whose pallid hue and straw-colored complexion strike you at once, as indicating some serious organic disease. The cachexia present is connected with tubercular disease of the lung, and our unfortunate subject is a victim of consumption. Examining the chest, the left side is found to be moderately clear on percussion, but the right side is dull until we pass the third rib, where it becomes less so. The same signs are present posteriorly, with the addition of a slight dullness developed at the left apex. Respiration under the right clavicle is blowing and harsher than before. The harsh breathing, with very few râles, is also heard posteriorly, at the base as well as at the apex. The respiratory murmur is not very distinct in the left upper lobe; in the remainder of the left chest it is puerile. There is harsh bronchophony, and the voice is distinctly transmitted at the right apex, although the signs of a cavity are not so marked as at previous examinations.

This patient is brought before you to show you that there is destruction of pulmonary structure, and to call your attention to the fact that the peculiar bad odor belonging to the breath and the expectoration where there is breaking down of the lung or pulmonary

abscess, is absent in this case now, although it was previously a very noticeable symptom. Being struck with the foulness of the patient's breath, which was so offensive as to discourage physical examination of his chest, I determined to try salicylic acid. The dose given was five grains, dissolved in half an ounce of water, with the aid of a drachm of glycerine. This was exhibited three times a day, with the effect of purifying the expiration, and improving the character of the expectoration, although upon the latter the influence has not been quite so well marked.

If in salicylic acid we have an agreeable and harmless remedy against foul breath, and one that will also exercise a detergent effect on the character of offensive secretions, you will see at once that a long-felt want is supplied. In gangrene of the lung, for instance, the characteristic breath poisons the patient and renders his presence insupportable to those around him; if salicylic acid will change this, as it has done in the case before us, a not unimportant application of this comparatively new agent is presented. If internal administration does not accomplish the desired result, it can be used in the atomizer in the solution before mentioned (grains x to water ℥j, with sufficient glycerine to make it soluble). About eighteen months ago I first used it as a deodorizer, in a woman with stomach disorder accompanied by very offensive breath, and with the happiest results. In cases of indigestion, with bad breath, I have used it a number of times since, with great success. This is a legitimate application of this disinfectant; and other similar conditions will suggest themselves to you, as in fetid bronchitis, in abscess, or in cancer of the lung with offensive discharges, where it will prove of great value. My experience with the agent, on the whole, is that in these complaints it modifies the breath greatly, and changes the offensive character of the expectoration, though to a less degree than that of the breath. It has more influence on the sputum in fetid bronchitis, than it has in diseases attended with destruction of the lung.

In concluding the subject, I will say a word or two on the methods of administering the remedy. Salicylic acid by itself is practically insoluble in water, but it is found that other agents will greatly increase its solubility; thus, a small quantity of borax will enable ten grains to be taken up by an ounce of water. In this form we have been using it as a mouth-wash and gargle, with much satisfaction:

℞. Sodii borat.,
Acid. salicylic, āā grs. x
Glycerine, f ℥j
Aquæ, q. s. ad. f.℥j. M.

Phosphate of soda, sulphite of soda, and other substances, have been recommended as possessing the property of aiding the solution, but they are none of them so pleasant as the borax and glycerine. The glycerine itself, without the borax, will increase the solubility of the acid in water, but only to the extent of about four or five times that of simple water.

With reference to phosphate of soda and borax, it has been asserted by chemists that these agents prevent the full antiseptic action of the salicylic acid; and, until this point is settled, we had better use it internally or by atomization without these solvents. In some instances of gastric disorders, especially, I have given it in powder, in five to ten-grain doses. Where not otherwise objectionable, it may be administered in alcoholic solution, in which it is very soluble.

Here is another patient with abscess in the lung (double-sided phthisis, with small cavity at right apex), who had also a very offensive breath, and who has been using a ten-grain solution in the atomizer with the best results.

A Case of Psoriasis Diffusa vel Chronica.

To the next patient brought before you I invite your special attention, not only on account of the relative rarity of his affection, but also because we could not possibly have a more striking clinical illustration of chronic psoriasis than is furnished by this truly typical case. Before discussing his present condition, I will read the notes of his history. His name is James B., of American birth, twenty-seven years of age, and unmarried; he is by occupation a teamster, and was admitted to the hospital two days ago, in the condition that he now is, no applications having been made or treatment instituted, purposely, in order that you might compare his present state with what will be shown you after he has been for some time in the wards. The disease began during hot weather, in July, 1867, when his scalp became covered with an eruption and his hair fell out. The only assignable cause, in his mind, for the trouble, was contagion, a friend that he frequently visited being afflicted in a similar way. He positively denies syphilitic contagion, and never had a severe sore throat. The disease of the scalp spontaneously improved, and finally it grew quite well, the hair growing in during the succeeding winter as thickly as before, without any medical treatment or any application having been made to the part, except one of simple salt and water. After leaving the scalp, however, the eruption made its appearance on the lower extremities, where it has remained ever since. About eight months before coming here the skin of his body and arms became similarly affected; this was also during warm weather. At no time in the course of the disease has there been any implication or involvement of the face, except just at the roots of the hair; and his scalp, since the first attack, eight years ago, has been free until about two weeks ago, when he noticed one or two spots behind his ears.

The eruption has been scaly from the first, at the onset appearing as a pimple, and then spreading, the skin becoming thickened, discolored, and fissured during the progress of the

disease. It itches so that he cannot sleep at night, and appears pretty generally distributed over the body in spots and large patches.

Upon stripping the patient, you at once confirm the truth of the last note; the chest and back, the upper and lower extremities, in fact the whole surface of the body is pretty generally invaded, the head alone escaping. The disease, as is commonly the case in psoriasis, is more marked on the outer surface of the limbs; it is therefore better studied on the flexor surface of the arms and legs where it is more discrete, and is seen in all of the stages of its progress, from the primary papule to the desquamating and discolored patch. The appearance of the eruption and its itching character are sufficient to exclude syphilis from the diagnosis, although at the first I suspected that it was of specific nature, from the fact that syphilitic psoriasis is said to be contagious by some; and our patient stated, you will remember, that he thought that he had caught the disease from an acquaintance. I am satisfied, however, that he is wrong, and that it is simple psoriasis, which is not communicable by contact, although it is apt to be inherited. The man says his father had some eruption on his legs, the character of which is unknown to him; this confirms my idea, psoriasis being very liable to be caused in this way.

In the treatment of the affection, the first thing required is to get rid of these large epithelial scales that cover the skin, which can easily be accomplished by ablution. A bran bath here will be very good. We will order him to be thoroughly rubbed every day with Hebra's soft soap, previous to half an hour's soaking in a bran bath. It would be preferable to rub in the soap at night and let him bathe in the morning. Besides this, something is needed to modify the state of the skin; we will direct, therefore, that immediately after the bath he shall be anointed thoroughly with unguentum picis, containing ten minims of carbolic acid to each ounce. The internal treatment will consist in pushing some alterative to the point of actual poisoning, if you like, so that the full constitutional effect of the remedy is obtained. If iodide of potassium were tried, we would give constantly increasing doses until symptoms of iodism were produced; but we prefer to give in this case a twentieth of a grain of arsenious acid, in pill, three times a day, steadily pushing the drug until swelling of the eyelids is noticed. Short of this we need not look for any decided results. In addition to what has been mentioned, he shall have half an ounce of cod-liver oil, three times a day, not less for its lubricating influence on the skin than for its general nutritive effect. He shall have a mild, unirritating diet, without stimulants.

[The patient was shown a week later to the class, when great improvement was manifest; the scales were all gone, and the surface, though still discolored, was softer and much smoother than before.]

PHILADELPHIA HOSPITAL.

SERVICE OF DR. JOHN H. BRINTON.—SURGICAL CLINIC.

REPORTED BY ALFRED WHELEN, M. D., Dec. 22, 1875.

Fistula in Ano.

H. M., aged forty-five, was brought before the class complaining of an uneasiness in his seat, of pain upon defecation, and of a continued moistness of the part. He also stated that there was a tender point near the margin of the anus, and that the surrounding tissues were hard and painful.

On examination, an external opening was discovered at one side, three-quarters of an inch from the anus, and upon passing a probe into it, it was found to communicate with the rectum.

These, Dr. Brinton stated, were the most prominent signs and symptoms of fistula in ano, an affection which might be defined to be an abnormal sinuous track leading from the cavity of the rectum to the external surface of the body.

Fistula in ano, according to Brodie, and many surgeons of the present day, most frequently has its starting-point in the lodgment of a portion of hardened fæces or other irritating substance just above the sphincter ani, and between the folds of the mucous membrane at this part. Irritation and ulceration ensue, the ulcer thus formed being kept up and increased by the passage of the fæces, and by the straining of the patient in defecation. Eventually the ulcer destroys and penetrates the walls of the rectum, permitting the escape of a portion of the fæces into the surrounding cellular tissue. Inflammation is thus set up, resulting in an abscess, which in due time bursts externally and discharges a most offensive putrid matter; and in this manner the fistula is formed. Healing of the abscess is prevented by its communication with the gut, through which the fæces or flatus, or both, are continually passing, thereby augmenting and keeping up the irritation already established.

In the opinion of other surgeons, fistula may also originate by a primary abscess, exterior to the walls of the rectum, which at first has no connection with it, but which opens and discharges into the gut, as well as externally. Dr. Brinton stated that, in his opinion, the *internal* opening in fistula *always* exists, and the reason that it is not found in some cases is that it is sought for too high up in the gut. The mistake may readily be made, if the surgeon is not aware that in many cases the abscess extends far above the position of the internal opening.

As a rule, the internal opening will be found at the distance of from one to three-quarters of an inch from the margin of the anus, and its situation can be generally determined by the presence of a little caruncle at that point. This caruncle is most perceptible to the touch of the finger; and if the mucous membrane be everted, it may often be seen. It is true, we often do find internal openings, two or two and a half

inches up the gut; but these are secondary, and are formed after the primary orifice, which is always present. The external orifice may be single or multiple, and may be situated near the margin of the anus; or the fistula may be long and tortuous, and may open at some distant point toward the buttock, in which case the surrounding tissues are apt to become very much disorganized, infiltrated, and brawny.

In regard to the advisability of an operation for the cure of fistula, when the patient is suffering from a tubercular or strumous diathesis, the books lay it down as a positive rule that under such circumstances no operation is to be performed. Dr. Brinton, however, questioned the propriety of this general veto of the operation. He stated that he had operated in such cases without any of the sorrowful sequences pointed out as sure to occur. In operating for the cure of fistula, we may either use the knife, slitting up all the tissues from the fistulous track to the surface of the skin or the seton.

In the case before the class the last-named operation was performed. A flat-handled probe was passed gently into the external opening and along the fistulous track; at the same time the index finger, previously well oiled (the cleft below the nail being filled with soap), was passed through the anus, and the little caruncle before mentioned sought for, and readily detected. The extremity of the probe was then carried in that direction, and. after some little manipulation, was passed into the rectum, and made to project from the anus. A strand of saddler's silk was then tied to the extremity of the probe and the instrument withdrawn, leaving the silk in the fistula. The Lecturer then directed this seton to be tightened a little every day, until it should cut completely through the tissues, which would probably occur in seven or eight days. The resulting open track must then be kept carefully packed with lint until it shall have granulated to the surface.

If the cutting operation be preferred, a grooved director should be passed through the canal, in the same manner as the probe, and all the intervening tissues slit up with a probe-pointed curved bistoury. The wound thus made is packed with lint, and a T bandage and compress put on, and the patient kept in bed for some days. On the day before the operation the patient is to take a dose of castor oil, and on the day of the operation an enema, so as to have the bowels well unloaded; after the operation enough opium to keep the bowels confined for a few days. The operation by the seton is to be preferred when the fistula is long and tortuous, in which case the cutting operation, would make a very extensive wound; or in cases in which the patient has a dread of the knife, or is unable to undergo confinement to his bed.

Before closing his remarks on this subject, the Lecturer impressed upon the class the necessity of caution, as to the extent and manner of the division of the sphincter ani muscle. If possible, division at more than one point should always be avoided; it certainly should never be cut at two separate points at the same operation. Should this caution be neglected, and should the sphincter be heedlessly divided at two points, a most distressing and disgusting result would almost infallibly ensue. The cut ends of the muscle would fail to unite, its functions as a sphincter would in a great measure cease, and the unfortunate patient would be troubled with incontinence of flatus and fæces. This sad accident, the Lecturer stated he knew to have occurred in one or two operations, perhaps thoughtlessly performed. In one instance it happened at the hands of a surgeon of eminence, many years ago.

In those cases, fortunately tolerably rare, in which mutiple fistulæ exist at different portions of the circumference of the rectum, it will usually be found that one is primary to the other and that the division and cure of the former will be followed by the healing of the latter. Should this not happen, and should a second operation appear to be inexorably necessary, it should be performed at as long an interval as possible, and after the wound of the first operation shall have thoroughly cicatrized. The operation in the second case should preferably be that by the ligature, and even then the danger of greater or less impairment of the functions of the sphincter cannot always be prevented.

Chancre. Phimosis.

E. S., a man, suffering from chancres on the under surface of the prepuce, and around the base of the glans, with phimosis, was then brought before the class. On account of the existence of the phimosis, the sores could not be reached. Emollient and antiphlogistic dressings having been persistently applied for some days, without benefit, Dr. Brinton determined to slit up the prepuce, so as to reach the sores, and then to cauterize them. The operation was then performed. This consisted in the introduction of a grooved director under the prepuce, as far back as the base of the glans penis, and then slitting the tissues up with the scissors or a knife. The chancres and the entire cut surface were then freely and carefully cauterized with nitric acid, so as to prevent reinoculation of the divided tissues. The patient was ordered to bed, a dressing of lead-water and laudanum directed, and also an opium suppository nightly, so as to prevent erection. This operation, the Lecturer stated, is frequently followed by great swelling of the prepuce, which may last for some time, but which will gradually subside.

In speaking of phimosis, Dr. Brinton remarked that this condition is very frequently congenital, and is caused by a redundant and lax condition of the skin of the prepuce; while the mucous membrane is short and contracted, so as to render the drawing of the prepuce over the glans difficult or impossible.

In young male infants, phimosis usually exists, the prepuce being long, and projecting like

a snout. By the sixth or eighth year, in about fifty per cent. of boys, the prepuce can be drawn backward so as to uncover the glans to a greater or less extent. In these cases, between puberty and adolescence, the power of retraction becomes generally complete. In the remaining fifty per cent., the condition of phimosis exists, and if to such a degree as to entirely cover the glans, especially if adhesions exist, often gives trouble in adult life. Sometimes the power of copulation is impaired, the act being painful and imperfect. Even when this is not the case, there is always more or less tendency to balanitis, and a greater liability to venereal infection, should the patient expose himself in that direction.

Then, too, phimosis frequently predisposes to inflammation and pruritus, from the retention of the sebaceous secretion. The habit of masturbation, from the constant handling of the part, may also be acquired.

In operating for congenital phimosis, the surgeon should carefully examine the condition of the prepuce. If there is great redundancy of the prepuce, accompanied by much narrowing of the anterior portion, the old operation of circumcision is probably the best. When there is simply redundancy without very great narrowing, the method of longitudinal incision, accompanied by trimming of the dog-eared flaps, answers well. In all operations, however, for this affection, it is proper to remember that the essence of the trouble lies in the mucous membrane of the foreskin, rather than in its cutaneous surface. Let the brunt of the operation, as it were, then fall upon the mucous membrane. Narrowed, or contracted, or adherent portions should be slit up or removed, while at the same time the healthy skin of the foreskin may be retained.

The Lecturer closed his remarks on this subject by stating that in certain children, especially in those of a scrofulous predisposition, there existed, oftentimes, a tendency to inflammation and plastic deposit after this operation, which would occasionally defeat the best planned and executed procedure. Where there is reason to anticipate any trouble of this nature, the operation of complete circumcision, usually described as according to the old Jewish rite, is probably the most reliable.

Paraphimosis.

In striking contrast to the last case, was the following one of paraphimosis, occurring as one of the complications of gonorrhœa, in a man 25 years of age. In this case the man had forcibly retracted his foreskin behind the glans, and had been unable to draw it forward again. In all cases where paraphimosis exists, it should be at once reduced; if not, congestion, and more or less strangulation of the glans, is apt to follow. This affection is not unfrequently met with in little boys, who sometimes try experiments with the prepuce, as a result of which the family doctor is often hastily summoned.

Paraphimosis should always, then, be reduced—but how? In this manner (here the lecturer illustrated the reduction upon the patient in the arena).

The body of the organ, just above the corona glandis, should be seized between the index and middle fingers of each hand. The two thumbs should then be firmly pressed upon the head of the organ, so as to empty it of blood as much as possible. While this compression is being effected, the indices and middle fingers should gently, yet strongly, draw forward the swollen preputial ring, which usually slips forward in a few seconds, and the trouble, as in this case, is at an end. It is rarely, if ever, necessary to perform any subcutaneous sections, as has been suggested by some surgeons. The little manipulation above described is commonly painful, especially if the state of the paraphimosis has existed for any length of time, and ether is, therefore, often indicated, particularly in children. The reduction of a paraphimosis is not, however, very difficult, if you will only make, at the same moments, firm pressure upon the congested head of the penis and forcible forward retraction of the prepuce. * * * *

Editorial Department.

Periscope.

Epizooty in Memphis.

Dr. S. P. Cutler, M. D., of Memphis, Tennessee, writes to the *Nashville Medical Journal*:—

This disease made its advent in the city about the 16th of October last, simultaneously in all portions of the city, and at this time (October 25th) most of the *equines* of the city are affected. So far, the disease is not as rapid or violent in its effects as in 1873; though the weather has been mild and favorable, while in 1873 the weather was severely cold and wet, being later in the season. Nobody knows how the disease came either time; it appeared to come without importation; like cholera, and other epidemics, they come, and that is about all we can say in the premises. In 1873 the animals discharged more from their nose in four days than they did in 1875 in six or eight days; hence we find

the disease much milder in type. There have been no bad cases.

Many horses in the country, adjacent to the city, had it.

Microscopic Appearances.—I have examined several specimens from some that were first taken, just beginning to discharge at the nostrils. Under the instrument, it is about the same as three years ago, as reported in the *Nashville Journal of Medicine and Surgery* The matter seems to be composed of *leucocytes*, white blood-corpuscles, or pus-corpuscles, though some of them have a bright, sharp, nucleated centre, though mostly they have granules, and are very pale in color. To the naked eye, the matter is white and frothy; when dried, a brown tough mass.

If there are any germs, the microscope has not shown them, though such an idea would be the most satisfactory.

Some might say that the disease is of atmospheric origin, but that would not explain anything. Something must greatly irritate the nasal passages at first, and by reflex action affect the animal through the blood. My ideas have changed in this respect since it was here first. Many inhabitants had something similar both times. It certainly has specific characteristics, as much so as any other contagious disease.

The Action of Alcohol.

At a late meeting of the Medical Society of London a paper was read by Dr. Lauder Brunton, on the "Physiological Action of Alcohol." This author observed that alcohol in small quantities increases the secretion of the gastric juice, and the movement of the stomach, and thus aids digestion. Although unnecessary in health, it is useful in exhaustion and debility. It increases the force and frequency of the pulse by acting reflexly through the nerves of the stomach. In large doses it impairs digestion by precipitating pepsin and over-irritating the stomach. It may produce death by shock. After absorption into the blood it lessens the oxidizing powers of the red blood-corpuscles. This property renders it useful in reducing temperature. When it is constantly or very frequently present in the blood it causes accumulation of fat and fatty degeneration of organs. It undergoes combustion in the body, maintains or increases the weight of the body, and prolongs life on an insufficient diet. It is, therefore, entitled to be considered as a food. If large doses are taken, part of it is excreted unchanged. It dilates the blood-vessels, increases the force and frequency of the heart, imparts a feeling of comfort, and facilitates bodily and mental labor. It does not give additional force, but merely enables a man to draw upon his reserve energy. It may thus give assistance in a single effort, but not in prolonged exertion. The same is the case with the heart; but in disease alcohol frequently retards instead of quickening the organ, and thus economizes instead of expending its reserve energy. By dilating the vessels of the skin, alcohol warms the surface at the expense of the internal organs. It is thus injurious when taken during exposure to cold, but beneficial after the exposure is over, as it tends to produce congestion of internal organs. The symptoms of intoxication are due to paralysis of the nervous system, the cerebrum and cerebellum being first affected, then the cord, and, lastly, the medulla oblongata. The apparent immunity which drunken men enjoy from the usual effects of serious accidents is due to paralysis, by the alcohol, of the nervous mechanism, through which shock would be produced in the sober condition.

Medical Value of Vinegar.

Dr. W. H. Griffith says, in the *Medical Press and Circular*:—

When freely diluted, vinegar acts as a refrigerant, and is used to sponge the body in fevers, and as a lotion to sprains and bruises; it is also a useful application to the breasts in cases of painful distention with milk, and to prevent suppuration. Warm vinegar is recommended by Dr. Dewees as an application in the early stage of mammary abscess.

Strong acetic acid acts locally as an astringent and stimulant, and when concentrated it is irritant and caustic. As a local astringent it has been found useful in hemorrhage from the nose, uterus, hemorrhoidal tumors, and ulcers, and administered in the form of enema it has quelled hemorrhage from the large intestines. It has been employed as an astringent gargle in cases of relaxed uvula and tonsils, and oxymel is a valuable adjunct to astringent gargles.

Strong acetic acid, or glacial acetic acid, has the power of removing warts, especially when of a syphilitic nature, and corns, owing to its solvent power over the albumen composing them. As a lotion for ringworm of the scalp, acetic acid is of great service, and when diluted it soothes the itching of psoriasis and lichen. Dr. Broadbent proposed to destroy cancerous tumors by injecting acetic acid into their substance; the injection should not be too strong or too frequent, lest phlegmonous inflammation ensue. Glacial acetic acid vesicates speedily, and may be used in cases in which cantharides is inadmissible; it gives great pain, however, and is liable to cause troublesome sores. When taken internally, in moderate quantities, at intervals, vinegar increases the appetite and facilitates digestion, being a solvent of all the protein bodies except casein. When taken in excess, however, it seriously impairs the digestive powers, and Morgagni affirms that it causes thickening of the coats of the stomach. It has a tendency to produce emaciation, owing, probably, to its solvent action on the fibrine of the blood, and Haller went the length of recommending it as a remedy for obesity, an advice which has been not unfrequently followed by fatal results. According to some chemists,

vinegar, or acetic acid, becomes changed into lactic acid in the system. Vinegar is most injurious to anæmic or chlorotic females, and nursing mothers should carefully abstain from it, as instances are on record in which its employment by the mother induced fatal diarrhœa in the infant. Although vinegar is liable to produce diarrhœa and colic, curious to say, it has been found to relieve the colic of lead-poisoning. Some therapeutists have classed the substances under consideration among the arterial sedatives, and have recommended their administration in hæmoptysis, hæmatemesis, and the sweating of hectic. I have never seen good effects from such a treatment, and a knowledge of the chemical action of vinegar upon the blood would lead me to expect results the reverse of beneficial. Vinegar augments the secretion of the salivary glands, and so assuages thirst; it also palliates the heat of the skin, and for these reasons it has been administered in fever. Its tendency to produce colic and diarrhœa is a serious objection to its use in such cases. Clysters of vinegar have been recommended for ascarides of the rectum.

Camphor Poisoning.

The *Pharmaceutical Journal* publishes a rare and interesting case of camphor poisoning, the leading features of which are as follows:—

While some camphor was being weighed out, a lad of thirteen picked up two small pieces and took them away with him, for the purpose of floating and burning them. Soon afterward he began nibbling the camphor, and, as it afterward appeared, liking the taste of it, continued to do so until he had eaten the two pieces. This was about four o'clock in the afternoon. Four hours afterward the child was with his brother in the dispensary, looking on, and was observed to do something which elicited the remark, "Are you dreaming?" No reply was given by the child, and it was noticed that something was wrong with him: his eyes were fixed in a stare, and he stood motionless and unconscious. His brother took him up to carry him into an adjoining room, where his father was, when he immediately became convulsed and perfectly rigid, with his head and legs bent back, so that he could only be placed on his side upon the floor. The convulsions increased until the flesh from the head to the shoulders became purple, and the pulse decreased rapidly until it could not be felt. The body then lost its rigidity and was apparently lifeless; but in about ten seconds the pulse could again be felt, the convulsions returned, and the child foamed at the mouth. Applications of cold water brought him round in about four minutes; violent vomiting then ensued; the child was for a time hysterical, but within an hour from the first attack he was so far recovered that he could be put to bed. The child afterward described the pieces of camphor which he ate as being each half the size of his thumb, and the assistant, who noticed him take one piece, thought it must have been about sixty grains in weight. The effects produced in this case were more severe than in any of those previously reported, and there was the further difference that unconsciousness preceded the convulsions, while in the other cases it followed them.

Treatment of Chronic Dysentery.

Dr. R E. Thompson writes to the *British Medical Journal*:—Four years ago, when I was visiting physician to the Seamen's Hospital, Greenwich, I made several trials of the compound tincture of benzoin in the cases of chronic dysentery that came under my care. I was not aware that the drug had been tried before in this form of disease; but its use was suggested from its effect on mucous membranes generally. The results of my experiments were, that benzoin had no effect in checking the disease or in alleviating the symptoms, and that it was not comparable to small doses of ipecacuanha frequently repeated. Possibly the cases treated by Mr. R. Donaldson differed in some respects from the cases under my care at Greenwich, and I have no intention of questioning the accuracy of his statements. I only wish to state that the medicine has been tried in this country, and that in my hands it has not succeeded. I found it necessary to exercise great caution in admitting the virtues of any drug in this disease, and it is natural in so chronic and wearing a disorder that any remedy is looked to with expectation by the patient, who is always hopeful that some remedy has been found to alleviate his misery; at least, this was my unvaried experience in the numerous trials that I made of various drugs.

The conclusion at which I arrived was, that the disease was best treated by rigidly keeping the patient at rest in bed, in a supine position; by carefully regulating the temperature of the room to about 62 deg. Fahr.; by restricting the diet to few and simple foods, chiefly milk and mutton; and by administering, at frequent short intervals, every three hours, small doses (three to five grains) of the powdered ipecacuanha. If nausea were produced, the dose was diminished or omitted for a time, as I consider that it is very desirable to avoid inducing any disinclination to food. Alcohol in any form very decidedly aggravates the symptoms, and it was always strictly forbidden. These conclusions, perhaps, contain nothing new; but they result from the trial of many drugs, all of which were found far inferior to ipecacuanha.

The United States Medical Directory.

It is proposed to prepare a second revised edition of this work. Physicians who have commenced practice, or changed location during the past three years (other than those whose addresses are on our subscription lists), are requested to forward notice of such changes to this office. Other journals please copy.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The *Cronica Medico-Quirurgica de la Habana* is a monthly journal of forty-eight pages, in the highest degree creditable to the energy and scientific ardor of the profession of "the pearl of the Antilles," and especially to its editor, Dr. Juan Santos Fernandez. In the number for January is a sketch, by Dr. D. J. Argumosa, of the peculiar disease which he styles "mortal sleep." He observed it among the negroes of the Vuelta Abajo. He evidently is not aware of its frequency on the West Coast of Africa. We called attention to it a year ago, but this is the first notice of its existence in America we have seen. Dr. Del Valle has a thorough article on the eucalyptus; and the rules for a school of nurses are ably discussed by Dr. Pulido.

——Dr. B. London, a German physician who for a number of years practiced in Jerusalem, sends us an interesting article on the leprosy of Palestine. It is a careful study of this obscure disease. He remarks that it is most frequent in malarial localities. Dr. London desires us to add, that he is now established in Carlsbad, and as he speaks English, is prepared to receive patients who prefer that tongue.

——The Valedictory Address of Mr. Clark Bell before the Medico-Legal Society of New York, sets forth in brief the aims and history of the society, and contains an appeal for the library and a statement of contributions to it.

BOOK NOTICES.

Atlas of Skin Diseases, consisting of Colored Illustrations, together with Descriptive Texts and Notes upon Treatment. By Tilbury Fox, M.D., F. R. C. P., etc. Parts I, II, III. Lindsay & Blakiston. Price $2 per part.

This substantial and handsome work, by one of the best known British dermatologists, will appear in eighteen monthly parts, each part containing four large folio plates, either from original sources or reduced by the chromo-lithographic process from the work of Willan & Bateman. The latter are carefully reproduced, with a new text, so as to bring down the scientific description and classification to the present day. As no such atlas has appeared for a long time in this country, the profession should welcome it with the reception it merits.

Part I contains four plates, representing forms of erythema and urticaria; Part II includes strophulus and roseola; and Part III depicts various forms of lichen. The accompanying text is not merely descriptive, but goes into the question of treatment quite fully, and with that direct, practical manner for which Dr. Fox deserves such praise.

Of the artistic execution of the plates one may speak in the highest terms. They are not over-colored, as so many of these plates are, but both in the diseased part and in its accessories they are most faithful to nature. Nor is there a large amount expended on making a pretty picture, as is the case with some such works. The cost is put where it tells to the best advantage of the purchaser.

Annual Reports on Diseases of the Chest, under the direction of Horace Dobell, M. D., etc., Consulting Physician to the Royal Hospital for diseases of the Chest etc. Assisted by numerous and distinguished coadjutors in different parts of the World. Vol. 1. June 1874 to June 1875. London, Smith, Elder & Co., 1875. pp 353.

This novel form of presenting the subject of Diseases of the Chest most certainly will prove a great success. The distinguished author promises a continuation of these volumes yearly, and we hope nothing will occur to prevent that consummation.

The fullness and consequent richness of the work are shown by the fact that British Guiana, Canada, China, Denmark, Sweden, Egypt, France, Germany, Austria, Holland, India, Italy, Russia, South Africa, Great Britain and the United States, are embraced in these reports.

It is what its title claims, a complete report on the subject for the year, and must prove invaluable to all who are engaged in this particular branch of the profession.

Its value is greatly enhanced by a full analytical index, without which no work ought ever to be offered to the reading public.

THE

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A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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THE MEDICAL CORPS OF THE U. S. ARMY.

A bill is now before Congress, and we trust will be passed without delay, intended to improve the standing and efficiency of the medical corps of the United States Army. As brought before the Senate by Mr. Logan, it reads as follows:—

"Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the number of assistant surgeons now allowed by law shall be reduced to one hundred and twenty-five; that the office of medical storekeeper is hereby abolished; that from and after the passage of this act, in addition to the grades now allowed by law, there shall be four surgeons with the rank, pay, and emoluments of colonels; eight surgeons with the rank, pay, and emoluments of lieutenant colonels, to be promoted by seniority from the medical officers of the army; that this act shall not be construed to deprive any medical officer or storekeeper now in office of his commission in the United States Army."

The propriety of this act will be seen by considering for a few moments the unjust and injurious distinction made against the medical staff by past legislation.

In every other corps, whether of the staff or line, every officer has the prospect of attaining the rank of colonel; the medical officer, on the other hand, under the present law is accorded the rank of captain after five years' service; he is promoted to major by seniority, such promotion not ordinarily occurring in less than fifteen years' service, and that is the end of his prospects of advancement, unless he may be so fortunate as to secure a medical purveyorship, which can necessarily be within the reach of but very few, those positions being but three in number, and vacancies, in consequence, occurring but very seldom.

This, every one will grant, is most unjust. No one questions but that the duties of a medical officer require for their proper discharge as much intellect and culture as those of any other branch of the service. And it may be asserted, without fear of contradiction, that the officers of that corps, as a body, have for many years past been recognized, both in the army and out, at home and abroad, as men who, in character, education, and scientific attainments, are in every way the peers of their brother officers, with whom they have shared the fatigues of every march and perils of every battle. They do not ask that fair share of rank which has hitherto been withheld, with any desire to interfere with the duties or usurp the command which belongs to other staff corps or to the line; but increased rank after long service is the only way in which they can receive that increase of emolument and consideration which ordinarily attends the advancing years of educated physicians in private practice. If it is to be understood these advantages are to be perpetually denied, it is vain to expect that medical men of talent will be willing hereafter to devote their lives to the arduous and unrewarded duties of the medical corps.

The government cannot expect to obtain the

best class of men in any branch of the service unless it offers them equal inducements to those found in civil life. So long as medical men of ability and good scientific acquirements have before them those high prizes which are found in private practice, just so long will they refuse to continue in the army, if no prospect is held out to them of ever rising above the grade of major, or of obtaining beyond a certain amount of income.

Not only have other countries recognized the propriety of such legislation, but even our own, in its recent action in reference to navy surgeons, shows that such a demand is most proper.

The whole profession is interested in the passage of this bill, and we appeal to them to represent its merits by addressing their congressmen and urging its passsage.

Notes and Comments.

The Healthiness of "Unseasonable" Weather.

In spite of the "unseasonably" warm weather, and contrary to the venerable proverb that "a green Christmas makes a fat churchyard," the health of this city is much better than during the same season last year, which was very cold. Such is also the case generally. Dr. Snow, of Providence, Rhode Island, remarks on this topic in his last monthly report:—

"It is a popular idea that very mild weather in winter is very unhealthy. Let us examine this theory. January, 1875, was remarkably cold; January, 1876, was remarkably mild. The first January was colder, and the last warmer than any corresponding month for many years. Let us compare the mortuary results. The deaths from some prominent causes in the two months were as follows:—

	1876.	1875.
Whole number of deaths.....	115	159
Pneumonia.....	15	35
Consumption.....	22	31
Croup.....	5	1
Bronchitis.....	1	6
Scarlatina.....	4	19

"This shows a large decrease in the warm January of the present year, not only in the whole number of deaths, but also, especially, in those causes of death which might be supposed to be influenced by the winter weather.

"This result agrees with my observation for many years past. Extreme cold, or extreme heat, if continued for a week or more, increases the mortality; while more temperate weather, whether in winter or summer, is favorable to health.

"The population of Providence, by the census of June 1, 1875, was 100,675. The mortality last month was, therefore, at the annual rate of only 13.7 in each 1000 of the population. In January, 1875, calling the population the same, the deaths were at the rate of 18.9 per 1000."

A School of Physical Culture.

A praiseworthy project has been inaugurated by Dr. J. T. Rothrock, of Wilkesbarre, Pa. It is to institute a school of physical culture, to be located on the summit of North Mountain, a beautiful spot in Luzerne county, where is situated the largest lake in the State. High and healthful, embosomed in pine woods, and while readily accessible, yet remote from the temptations of cities, no location could be better chosen.

The school will be open from June 15 to October 15, the pupils will be about thirty in number, from the ages of 12 to 18, and their culture will be under the immediate care of the principal. This will consist of systematic exercises, the use of firearms, how to meet emergencies and sudden accidents, lectures on physical geography, geology, botany, and the general natural history and meteorology of the region.

Dr. Rothrock, a most accomplished botanist, a thorough physician and surgeon, accustomed to camp life through his long journeys as government naturalist, and with unusual power to interest and guide the young, is peculiarly qualified to conduct with success such an enterprise. A pamphlet containing full particulars of his undertaking can be had by addressing him at the address given above.

Arsenic in Malarial Diseases.

In the *Archives de Médecine*, Dr. Sistach corroborates the opinion expressed by Fremy, Fuster, and Girbal, that the febrifuge action of arsenic manifests itself more promptly in the tertian than in the quotidian variety of intermittent

fever. He concludes from his observations that arsenic is as effectual, but not so quick, in its operation as quinine in the treatment of intermittent fever. On account of the slowness of its action and its tendency to aggravate the gastro-intestinal symptoms, arsenic is contra-indicated in remittent fever.

Physicians in Criminal Cases.

The Canada *Lancet* states that a bill is before the Ontario Legislature which will, in a great measure, remove the disability under which medical men have suffered for years in being liable to be subpœnaed to give evidence in criminal cases, and to be detained from their practice and patients at great loss and inconvenience, and without any remuneration what soever. Medical witnesses will now be paid a reasonable fee for attendance in criminal cases, on the certificate of the counsel for the crown and the county attorney, and the order is to be paid forthwith by the county treasurer.

Similar legislation is needed in the States.

A New Anti-pruritic Remedy.

Dr. L. D. Bulkley gives, in the *Southern Medical Record*, the following formula:—

℞. Gum camphor,
Hydrate of chloral, āā ʒj
Ointment of rose water, ʒj.

Rub the chloral and camphor carefully together till a fluid results; then add slowly to the ointment, mixing well.

This, when applied to the healthy skin, produces no effect, but possesses great power in arresting itching without over-stimulating the parts. It does not answer when the skin is at all broken; it is then necessary to employ other less irritating agents, but the burning sensation caused on its first application lasts but a few moments, while the relief occasioned he has known to last for hours, or even a whole day.

Gum Acacia as a Food.

On this subject Dr. W. H. Griffiths says, in a recent article:—

Frerichs, Blondlot, and Lehman have ascertained that gum is not acted on by the saliva or gastric juice; and Hammond states as his opinion that, owing to its "clogging", the intestines, it is absolutely injurious as an aliment. On the other hand, it has been asserted that Arabs live almost entirely on gum during the gum season, and Hasselquist affirms that a caravan of Abyssinians subsisted on it for two months. It is stated, however, that it enters largely into the diet of the natives of Senegal. As the result of my own investigations, I would certainly attribute to it definite nutritive qualities, for I have experimentally determined that the consumption of two or three ounces of gum daily will enable an adult to do on a less proportion of other food. It has been stated that gum passes through the bowels unaltered, but I have not found this to be the case. Boussingault affirms that, having fed a duck with fifty grammes, he recovered forty-five from the excrements. Like Garrod, I have been unable to detect gum in the urine, even after the administration of large quantities.

A New Preparation of Santonine.

Albuminated sodium santonate has recently been much recommended as an anthelmintic. It is prepared by gently heating in a porcelain dish a mixture of four parts of sodium bicarbonate, one part of santonine, and two parts of dried, soluble egg or blood albumen, with a small quantity of water, until a solution is effected; this is evaporated to dryness and subsequently redissolved in a sufficient quantity of warm water; the filtered solution is evaporated at a gentle heat to dryness. The remaining albuminated sodium santonate forms colorless, shining scales, readily soluble in water, rendering an alkaline solution which, upon addition of acids, separates santonine with the evolution of carbonic acid from an excess of sodium carbonate.

Boracic Acid in Parasitic Diseases.

In the *Indian Medical Gazette*, Surgeon-major Watson writes that he has lately employed boracic acid in the treatment of vegetable parasitic cutaneous diseases, with great success. In the different forms of tinea, and in that troublesome affection of the scrotum and inside of the upper part of the thighs to which Europeans in India are so liable, the local application of the acid acts like a charm. Dr. Watson uses an aqueous solution of the strength of a drachm to the ounce, and with this he bathes the affected part twice daily, allowing the solution to dry on the part.

Correspondence.

The Tuckahoe Again.

Ed. Med. and Surg. Reporter:—

That curious vegetable production called tuckahoe (not "tuckabo") is mentioned in your journal of December 18th, 1875, and January 15th. 1876. Both these items give an incorrect account of its composition, one stating that the mass is "starchy," and the other that it "contains starch;" while one of the singular things about its composition is the entire absence of starch. So far as I am aware, no one, either by means of the microscope or by chemical tests, has yet succeeded in detecting this principle in tuckahoe. Some thirty years, or more, ago, the late Prof. John Torrey ascertained that the mass consists almost entirely of pectin. The results of this investigation were, by the way, appropriated by another, and published in a European journal as his own. A body very similar to, if not identical with our tuckahoe, occurs in China, where it is used to make a jelly; ours, as stated by your correspondent, Dr. Laurence, may be employed for a similar purpose. The claims of this substance to be classed as a fungus are very slight, as no vegetable structure, or anything that indicates its production, or manner of reproduction, has been discovered in it. It was called by Clayton (Flora Virginica) *Lycoperdon solidum. Lycoperdon* is the genus of the puff-balls, with which tuckahoe has nothing in common. Later it was called by Friese, *Pachyma cocos*, a name that must be regarded as provisional until the real nature of the mass is known. It has been suggested (and Berkeley, the eminent British mycologist, inclines to the view) that tuckahoe is the root of some flowering plant, in which some such change has taken place as in animal tissues results in *adipocere;* and that, in the root, cellulose and all other proximate principles have been converted into, or replaced by, pectin.

If any of your correspondents live where the tuckahoe is of frequent occurrence, they can do a useful work in making such observations as will add to the present very meagre knowledge we have of this substance.

George Thurber, m. d.,
Editor American Agriculturist.
245 *Broadway, New York.*

A Singing Mouse.

Ed. Med. and Surg. Reporter:—

Last summer we were annoyed several evenings, just after dark, by a monotonous, chirping sound, somewhat resembling the chirping of a young chimney-swallow. But what seemed most singular, and irreconcilable with the swallow view of the case, was, that the sound proceeded, every now and then, from the most unexpected quarter. One minute it seemed to come from under the bed; the next, it came from the fire-hearth; the next, the bureau seemed haunted. All the while the same tone and the same pitch. The swallow theory, however, for want of a better, was adopted, till one evening, early, we saw a mouse dart from behind a barrel on a back porch, and take refuge in a hole. The noise seemed to stick to the mouse; at least, it was no longer heard behind the barrel after the mouse left, and it was also heard to proceed from the hole in which the mouse took refuge. Now we were happy; at last, we had discovered the author of a certain sound that had annoyed us. But the mere discovery of its source did not annihilate the sound. Like a guilty conscience, it would not be quiet. One night the sound issued from a small open space between the dining-room wall and a piece of furniture. We inserted an iron poker into the upper part of that space, and listened with our ear. We heard the sound, the poker dropped, and so did the curtain over the career of a singing mouse. It died as naturally as Garrick, Booth, or Adams could have done.

We are sorry that we did not examine the liver of this mouse for the parasite to which Dr. Crisp attributes the musical quality of singing mice. A. D. Binkerd, m. d.

West Monterey, Pa.

[On Singing Mice, see the *American Naturalist*, Dec. 1871, and *Forest and Stream*, Jan. 27, 1876.—Editor Reporter.]

Ingrown Nails.

Ed. Med. and Surg. Reporter:—

The Reporter for January 8th contains an article on ingrown nails, which leads me to give my treatment for them also. After trimming the nail so as not to wear the stocking, I scrape a narrow strip on the top of the nail from the skin to the front edge, as thin as possible; then cut out a V-shaped piece in the centre of the edge, with the point of the V running in the thin scraped place just far enough not to draw blood. This, repeated once a week, has proved a permanent cure in every case tried, and has the advantage of being done by the patient at home. C. A. Freeman, m. d.

Newark, Ill.

News and Miscellany.

Medical Associations.

—The physicians of Blair, Huntingdon, Mifflin and Juniata counties met at Huntingdon, Jan 28th, for the purpose of organizing a Medical Association of the Juniata Valley. The committee on permanent organization reported the following persons, who were elected officers for the ensuing year:—

President—Rowan Clark, Blair county.

Vice-Presidents—J. D. Ross, Blair county;

D. P. Miller, Huntingdon; J. Irvin Marks, Mifflin; D. M. Crawford, Juniata county; H. O. Orris, Perry county.

Recording Secretary—A. B. Brumbaugh, Huntingdon.

Corresponding Secretary—A. Rothrock, Mifflin county.

Treasurer—W. M. Findlay, Blair county.

The association has for its object the mutual culture and social intercourse of its members, the protection of proper rights and interests of the profession, and the study of the means by which the science of medicine may be made most useful to the public and subservient to the great interests of humanity.

The association adjourned to meet at Lloydsville, the terminus of the Bell's Gap Railroad, in Blair county, on the 7th of July next.

—The Southern Illinois Medical Association met January 19, 1876, at Cairo. The committee appointed to nominate officers for the ensuing year reported:—

For President—Horace Wardner, Cairo.

First Vice-President—L. Dyer, of Du Quoin.

Second Vice-President—J. R. Smith, of Golconda.

Secretary—C. W. Dunning, Cairo.

Treasurer—George Bratton, Vienna.

Burn Brae Hospital for Mental Disease.

Dr. Givin, the superintendent of this institution, a description of which will be found in our advertising columns, informs us that there is a suit of rooms in that establishment, entirely separated from the halls occupied by other patients, where a lady, or two ladies and an attendant, could enjoy the utmost privacy. These rooms are easy of access, well lighted and ventilated, and have all necessary conveniences attached. To the friends of any lady desiring such accommodations as these, we can confidently recommend them.

Personal.

—A despatch from Paris announces the death of Dr. Gabriel Andral, the eminent French physician. Born in Paris on the 6th of November, 1797, the son of a physician, he elected to adopt his father's profession, and in 1823 received his diploma. In 1824 he was elected a member of the Academy of Medicine, and was inducted into the chair of hygiene that year, and into that of pathology in 1830. It is upon his researches in pathology that his fame chiefly rests, the most notable among his many contributions to the literature of his profession being his well-known work treating of this subject. He was elected a member of the Academy of Sciences in 1843, and was made a commander of the Legion of Honor in 1858.

—The Vienna medical papers announce the death, from a disease of the lungs, of the well-known surgeon, Professor Baron von Pitha.

Medical Diplomas for Women.

The *British Medical Journal* states that the Council of the Royal College of Surgeons of England has arrived at the important decision to admit women to examination for its license in midwifery. This diploma will entitle them to a place on the Medical Register, and will give them a legally recognized position as practitioners in the obstetric department of medicine and surgery. The clause in the college charter under which the right to admission has been claimed, was, it appears, expressly framed, by the use of the word "persons," to meet the case of female as well as of male practitioners, and the college has been advised that it could not legally refuse to admit duly educated women to examination for this diploma.

QUERIES AND REPLIES.

Acute Bronchocele.

ED. MED. AND SURG. REPORTER:—

Will any of your readers who have seen cases of acute bronchocele occurring in pregnancy, and producing attacks of great dyspnœa, be kind enough to send me an account of such cases?

Yours respectfully, JOHN B. ROBERTS, M. D.

Dr. G. W., of Ills.—We shall be pleased to have a report of the case for publication.

OBITUARY.

DR. T. O. EDWARDS

Was born March 29th, 1810, in Williamsport, Md. He received his medical education in Baltimore, and graduated in the medical department of the University of Maryland in 1831. In 1836 he removed to Ohio, and practiced his profession until 1849, when he was elected to Congress on the Whig ticket; sat in that body with John Quincy Adams, who died in his arms, and was one of the pall-bearers at the funeral of Mr. Adams.

At the expiration of his term he was appointed Inspector of Marine Hospitals for one year, at the end of which time he was elected Professor of Materia Medica and Dean of the Faculty of the Medical College of Ohio, which position he held until 1855, when he resumed the practice of his profession. On the opening of the war, he entered the Union army as surgeon, receiving such injuries at the battle of Pittsburg Landing as necessitated his retirement from the service.

He came to Wheeling, West Virginia, a year ago, to enter practice, but receiving a stroke of paralysis, has been an invalid ever since. Death ended his sufferings on Saturday evening, February 5th, in the 66th year of his age.

DEATHS.

BUNCE.—Suddenly, on February 1st, Caroline Elizabeth Bunce, second daughter of the late Dr. James Bunce, of Galesburg, Illinois, at the residence of her brother-in law, Dr. M. G. Raefer, 112 East Tenth street, New York city.

THE

MEDICAL AND SURGICAL REPORTER.

No. 991.] PHILADELPHIA, FEB. 26, 1876. [Vol. XXXIV.—No. 9.

Original Department.

Communications.

A SHORT LESSON IN CONSERVATIVE SURGERY—NOTES OF A SEVERE CASE OF LACERATIONS, FRACTURES AND CONTUSIONS.

BY CHARLES C. CRANMER, M. D.,
Of Saratoga, New York.

I was called this day, July 24th, 1875, to a boy, aged ten years, James King by name, who had met with an accident on the R. & S. R. R. during play. Upon my arrival I found deep and extensive lacerations of the posterior part of the left leg, extending from two inches above the knee to the tendo-achillis, exposing to view the contents of the popliteal space, and the inner and outer tendons of the biceps muscle, which were terribly torn, and actually hung in shreds, so to speak. The gastrocnemius and soleus muscles were also cut and jagged in a fearful manner, the major portion of each muscle being literally torn away, the whole being covered with sand and dirt. I hastily came to the conclusion that the lad must certainly lose his leg above the knee-joint. Upon further examination, I found the boy had sustained a fracture of the ulna and radius about the middle third of the arm, and also a fracture of the olecranon process. The biceps muscle of the arm was also fearfully contused, and the little fellow had also a slight scalp wound, and an incised wound over the left eye. Altogether, he presented a deplorable appearance. The accident occurred during the time several boys and girls were playing upon some trucks containing sand, and by some means unexplained the trucks were set in motion, the boy falling off, and the wheels of one or more trucks passing over his leg and arm: that is the history of the occurrence so far as I was able to obtain it. The hemorrhage was, at the scene of the accident, very profuse from the superficial arteries and veins, but the man who picked the child up had the presence of mind to tie his pocket handkerchief tightly around the upper part of the thigh, and left it there until my arrival. After carefully cleansing and examining the leg a second time, I thought it just possible nature might, with assistance, effect a cure; therefore I brought the torn edges together with silk sutures, in the best manner attainable, and after putting in very many stitches I placed a long roller lightly around the leg, and a field tourniquet over the femoral artery, to prevent any secondary hemorrhage I feared might take place. After that I directed my attention to his arm. The whole of the muscles around the seat of fracture were terribly contused, and exactly over the seat of fracture a small hole, about the size of a pea, penetrated to the broken bones. These two bones I soon brought in juxtaposition, but the fractured olecranon gave me great anxiety.

I had never treated a similar case, yet a moment's thought called to my mind what the course of treatment should be, and I adopted it, bringing the upper fragment of the broken bone down to the lower one, and retaining it in position with the usual figure-of-eight bandage, with a long splint extending from the axilla to the fingers, and another on the back of

the elbow-joint. I must confess it did not look very well, or very neat, yet it answered the purpose remarkably well. My anxiety abated somewhat after I saw the poor little fellow felt more comfortable when the splints had been adjusted; and, although at the time I should have been glad of some professional assistance, I utilized those around me until no further assistance was necessary. I enjoined perfect rest and quiet for my little patient, and left him in charge of an admirable sister and well-intentioned but nervous mother.

The following morning I visited my patient, and found he had passed a restless night, the upper arm being very much swollen and ecchymosed. Ordered flaxseed-meal poultices to be kept constantly applied, as well as the splints would allow it to be done. The leg had not caused much pain, and carbolized water dressing was ordered to be continued. The most simple treatment was adopted during the whole course of the case; few-drop doses of tinct. hyoscyam. kept the boy quiet, and the solution of the citrate of magnesia kept his bowels gently moved. I found it necessary to give him a few grains of quinia, and allowed him a very nourishing, non-stimulating diet.

On the 10th of August I removed the splints from his arm, that is, eighteen days after the accident, and found it caused him intense pain to move his arm in any direction. I therefore determined to readjust the splints and allow them to remain on another week. My patient continued to progress, and on the morning of the 21st of August I again took the splints from his arm, and found that he could, with assistance, flex the arm pretty well. This motion I ordered his parents to keep up several times during the day, which they did, greatly to the boy's advantage. The leg, I am grieved to say, is much contracted, and although he is able to stand with assistance, yet he can only touch the ground with the ball of the great toe.

He now walks without any cane or assistance, and can bring the heel of his foot within one-fourth of an inch, or less, of the ground, and only favors it a little, he says. I am yet in hopes that in a short time he may have a perfectly straight and useful leg. I am pleased to say his arm is just as useful to him as ever it was, although considerable thickening still remains over the seat of fracture; yet I am vain enough to look upon my patient as a fair example of conservative surgery.

ON ALCOHOL.

BY A. N. CARRIGAN, M. D.,
Of Washington, Ark.

Is alcohol always a stimulant, or in certain conditions is it a stimulant at all?

At this time, when the medical profession is beset by a class of moralists who teach that the use of alcohol is the greatest curse that has befallen the human race, and that it could be stamped out of existence as easily as small-pox, were it not for the medical profession, it becomes us to look at it carefully, and see if it is an important factor in the treatment of diseased action, and if not, let us discard it.

Since bleeding is an untenable theory, at what are we to strike to subdue inflammation? Doubtless at the circulation of the blood. Beale's theory being increased action, what stimulates the heart to this increased action? It must be the blood. Then it must be the factor disease, getting into the blood, that stimulates the heart to this increased action, by its influence on the vital properties of that life fluid upon which all our healthy being depends.

Carpenter says there are only two constituents of the blood that in themselves possess vitality, viz.: fibrin and the corpuscles. He says in the same section, that the corpuscles, both red and colorless, are living cells, and their separate history forms an important part in the general life of the blood.

Beale says everything which contributes to nutrition is lifeless. Living matter never feeds upon living matter. The pabulum of the tissues of man result from the death of living matter.

Although the blood is not a living fluid, it contains masses of living matter, colorless corpuscles and minute particles of bioplasm in great numbers. Neither blood, nor lymph, nor chyle, nor cod-liver oil, nor alcohol, nor any other nutritive substance, can be correctly spoken of as life-giving. Nor do certain conditions call forth vital energy, or act as vital stimuli, or increase vital power, which already exists. Heat, various external conditions and irritants, act simply by diminishing, to some extent, the restrictions under which life is ordinarily carried on, and thus pabulum is permitted to come more quickly into contact with matter which already lives.

It will be seen that Beale's theory of the life of the blood is different from Carpenter's, and if

true, settles the question as to the action of alcohol upon the blood and living tissue. He says modern research has demonstrated the character of the cells that form or make the bioplasm, and that their condition in health is different from what it is in disease. In inflammatory conditions those cells grow much quicker, their walls are much thinner, and they are multiplied more rapidly, as in pus cells, cancer cells, etc. How are we to arrest this excess of bioplasm, or change the walls of these life cells as they exist in most inflammatory conditions? Beale says, alcohol enters the circulation as alcohol, and that it is not nourishment, and, where this excess of bioplasm does not exist in the blood, that it does not act as a stimulant.

A case in point: Mrs. S. E. B., aged twenty-five. Anæmia from opium poisoning. Condition thus when treatment was begun: skin cool and clammy, pulse 140, very restless, sighing respiration, complained of great heat, only semi-conscious.

Treatment.—Two tablespoonfuls of strong brandy, in two spoonfuls of sweet milk, every fifteen or twenty minutes, for two hours. Resting better, pulse 130; continued the same treatment, at longer intervals, for the next twenty-four hours. Skin nearly natural, resting well, pulse 120. Patient got well. How did the brandy act in this case? Certainly not as a stimulus, for the pulse went down twenty beats in the twenty-four hours, and consciousness was perfectly restored. Certainly not as a sedative, for it produced nothing like stupor.

How does alcohol arrest, modify, or subdue inflammatory action? It did it in the case of my patient, for no one gave her anything but myself, during the twenty four hours, and I gave nothing but the brandy and sweet milk. Beale says:—

"That alcohol will produce delirium in health, and remove or prevent it in certain exhausted states of the system, are facts that, in the imperfect state of our knowledge, we cannot explain; its effects on the nerve centres and nerves, and especially the nerve centres that control vascular phenomena. What we desire to effect in the treatment of internal inflammations and the feverish state is to check the undue growth of bioplasm, which is proceeding in the blood in certain parts of the body, and in the inflamed organs and tissues. This bioplasm can only be reached through the blood, and it can be shown that the remedies which have been proved by experience to be of value in the treatment of such cases possess the property of checking the redundant growth of bioplasma, and can be taken up by the blood and distributed through the body without losing their properties.

"In external inflammations, such as pneumonia, pericarditis, etc., it is altogether probable that the alcohol taken up by the blood really acts upon the morbid bioplasm growing and multiplying so very rapidly just outside the capillary vessels, and checks the process. How does it act on morbid and not on healthy structure? The healthy cells, being surrounded by a thick covering, are not affected by it, while morbid cells are growing so fast that time is not allowed for the production of a hard external envelope, and are fully exposed to the free action of soluble matters which transude from the blood. Remedies which act favorably do not increase vitality, but diminish the rate at which vital changes take place, by causing the particles of bioplasm, which were living too fast, to live more slowly, and by causing the death of the same."

I will now give a case showing the stimulating effects of alcohol.

Squire T., a farmer, had a great many trees blown down in his field by a storm, in May, 1873. Being a very powerful man, he went to work with a will to get the trees off his crop; got overheated, and was taken with congestion of the bowels. Condition thus when first seen, at 8 o'clock: great pain in the bowels, skin cool, pulse 50, expression sunken. Gave a full dose of morphia, and mustard to the bowels. 10 o'clock, pulse up to 55; medicine made pain bearable, but not easy. Gave 20 grains chloral. At 2 o'clock was seen by Dr. D. P. Greenwood; pulse 60 and feeble; stupid; says he is not easy. Gave calomel, rhubarb, and Dover's powders, through the evening and first part of the night, in the usual doses, three or four hours apart, and quinine; this the latter part of the night, in large doses, Dr. Greenwood spending the night with him. Next morning his bowels had acted well; was quininized; pulse 65 and weak; still some pain in the bowels. Continued the quinine; at 12 o'clock no change. Ordered brandy to be taken freely through the evening. At 6 o'clock his pulse was 72, full and round. Patient perfectly easy.

Now, in this case there was no improvement

in the force or volume of the pulse until the brandy was taken. We, therefore, conclude that alcohol does not do harm in fevers and acute inflammations, and that it does not produce intoxication in exhaustive diseases. We feel that alcohol is a great evil, but, like many other things that we have, not entirely an evil. It is, like opium, both a blessing and a curse. And if the moralists and temperance lecturers knew as much about its uses as they do about its abuses, they would deal less in wide-mouth declamation about a class who hold their commission under no less divine authority than does the minister who proclaims the oracles of truth from the sacred desk.

THE CIRCULATION OF THE NERVOUS FLUID.

BY JOSEPH E. HARVEY, M. D.,
Of Topeka, Kansas.

"The nervous fluid is similar to, though not identical with, the electric" (Dalton). It is not more different from the electro-magnetic fluid than the blood is different from water. Both these are changed from their inorganic state by the process of organization or vitalization. They are both intimately united with other matter, and that union or combination makes all the difference between the nervous fluid and the electric, as it also makes all the difference there is between blood and water. They are both organized fluids, and must, of necessity, be different from the inorganic fluid which is the basis of each. The nervous system has been compared to the telegraphic system; the analogy, in many respects, is complete; the nerve tubes are the conductors, and the gray vesicles are both operators, batteries and magnets. The motor and sensory nerves are united at their peripheral extremities with each other, frequently a flexiform arrangement, resembling the capillary system between arteries and veins. "On following up the efferent nerves, they are seen, after having divided, at last to break up into real networks. Those in new-born infants present, at certain points, very large bodies, from which nerve fibres spread into interlacements, so that a certain resemblance is thereby produced to capillaries."

To what extent such arrangements prevail in the body generally has not yet been determined, for these facts are almost entirely new, and have only recently attracted attention. The number of nerve membranes will probably be augmented. In order, however, to avoid misunderstanding, I must at once add, that these flexiform expansions are by no means simple, but that the large nodules I have mentioned have the appearance of ganglions, so that we have here, in some sort, new nervous centres presenting themselves, and "offering the possibility of a reinforcement of an obstruction to the original impulse" (Virchow). I hold that the fluid which flows along the motor nerve is the organized electric, and that which returns through the sensory nerves is the organized magnetic fluid; that these two fluids are interconvertible, and that the changes produced in them maintain the nervous circulation.

"So much concerning the general forms which are, as far as known at present, assumed by the flexiform terminations of nerves." (Virchow, "Cellular Pathology.") It is most probable that the terminations of all motor nerves are continuous with the sensory nerves, and that their union takes place in those little nodules mentioned by Virchow, and that the purpose of these nodules, or kind of secondary nerve centres, as Virchow calls them, is to perform the function of completing the change from the electric fluid of the motor nerves to the magnetic fluid of the sensory nerves, and that the circulation is really that of a closed electric circuit.

Although it is not necessary that there should be in all cases a complete junction between the terminations of the motor and those of the sensory nerves, because the electrical current of the motor nerves might be conducted or diffused from it in the tissues at its termination, and (as many facts seem to prove magnetism to be only electricity in an expanded condition) attracted by the termination of the sensory nerve, and returned by it, bearing impressions to the same cell from which it started (the gray cells are mostly bipolar). The fact which has been demonstrated by the experiment of Bell, by the irritation of anterior and posterior roots of spinal nerves, shows that in motor nerves the fluid always flows from the nerve centre, and in the sensory nerves it always flows toward it; and since the nerves communicate at both ends, it must needs only be a continuous circulation. That the fluid which is conveyed by the motor nerves is the organized electric fluid is proved by this familiar experiment: a nervous discharge causes muscles to contract; an electric

discharge causes them to contract, either when it is sent along the motor nerve, or when it is discharged directly upon the muscle. Therefore a command, with the force to execute it, is sent out from the vesicle along the motor nerve; the impulse is delivered at the proper point; but the current does not altogether stop; it goes on to the nodules mentioned by Virchow, which unite the sensory and motor extremities; and if by this time it is not changed into the magnetic fluid, the change is completed in the nodule, or "secondary centre."

The same action goes on in a more sublime manner in the brain. These operators (the vesicles) there have special departments, some being exclusively occupied with the great conductor of light, others with the conductor of sound, etc. One association of operators acts in concert and perfect harmony, like a legislative body.

EXTRACTS FROM "DEUTSCHES ARCHIV FUR KLINISCHE MEDICIN."

BY GEO. HALSTED BOYLAND, M. D., M. A., ETC.,

Of Baltimore, Md.

Jaborandi.

In discussing herba jaborandi, Dr. Stump writes:—The well-defined working that jaborandi, according to some observers, especially Cory, exerts upon the frequency of respiration, I have been unable to attest. This observer experimented upon himself, and noted from quarter hour to quarter hour his temperature, also frequency of pulse and respiration, remarking hereby a slow and slight increase of the latter. Whoever has already tried to determine on himself the frequency of respiration knows how difficult it is, and how easily a slight increase or diminution can be brought about ad libitum. During my fifty-three experiments, in which the frequency of respiration was accurately fixed, it was increased twenty-nine times, diminished twenty-two times, and once remained as it was. The increase carried the frequency of respiration up to sixteen in the minute, the diminution brought it down to twelve; the average increase was from one to two respirations. A patient suffering from general hydrops, in consequence of chronic peri- and myocarditis, others from œdema, were greatly relieved after four doses of an infusion of jaborandi, 5 : 100, to which two and a half drachms of simple syrup may be added. Beyond œdema and exudation, jaborandi, like all diaphoretics, is to be recommended in rheumatic troubles, both acute and chronic, as well as articular. It merits the first place as an antidote in atropia poisoning. Latterly Czernicki employs it in parotitis. A contraindication for the exhibition of jaborandi is an absolute weak action of the heart, which, in consequence of the increased force demanded, might be paralyzed. Undoubtedly, this medicine enriches our pharmacopœia. However, before it comes into general use, the thus far very high price of the preparation must fall, and, above all, the drug must be obtained unadulterated. Unfortunately, a mass of utterly useless preparations, having not the slightest effect, are already circulating in the shops, and to this fact the contradictory statements regarding the efficacy of our medicine are in part, at least, due.

Capillary Hemorrhage in Phthisis.

Capillary bleedings from the not ulcerated bronchial mucous membrane occur in the beginning and during the course of chronic phthisis, but are much more seldom met with than bleedings from the ulcerated bronchial mucous membrane, or ulcerated caverns. They occur in patients in whom, on account of certain constitutional conditions, and of hemorrhages from other mucous membranes, an especial tendency to rupture of the vessels may be attested. In cases of this kind great caution is necessary, avoiding all causes that may lead to bleeding; also, an early strengthening of the general organism is recommended. In two cases of cheesy pneumonia, that ended fatally in from four to five weeks, there was, in addition to bloody sputa, epistaxis, that could only be checked by thorough tamponade of the nostrils. Under the mucous membranes of the lips, the tongue, and the gums, many extravasations of blood were present; everywhere the skin of the body was covered with petechial or larger extravasations. The most notable feature in these two cases was the long-remaining high temperature, making only very slight remissions, but reaching, generally, 40° Celsius and more (about 104° Fahr.); here it was doubtless a question of direct disease (fatty degeneration) of the heart and blood-vessels, as a consequence of the steady high temperature. The exercise of therapeutics can only be to endeavor to allay

the fever, and support the strength by means of wine and good nourishment.

Nitrate of Amyl in Lead Poison.

The nitrate of amyl caused, in every case of lead colic to which it was applied in Dr. Frank's treatment at the hospital in Cologne, a perfect and immediate cessation of the pains. It was administered in the form of inhalation, a short time after the beginning of which, and coincident with the well-known redness of the face, the patients felt themselves much relieved. Patients who, just before, with the well-marked signs of deep anxiety, and with the most intense expressions of pain, had thrown themselves about the bed, soon presented an entirely different and perfectly satisfactory appearance, remarking, voluntarily, how well they felt. But —and this point is for later conclusions of great importance—this subjective euphoria was not of long duration. A short time after the interruption, the attack of pain again came on with renewed severity, to yield, however, to a fresh dose of the nitrate of amyl. I mention in this place that, as a rule, from one to two drops were sufficient to produce the desired effect; that I, myself, in employing this drug repeatedly, have never observed the least alarming symptom. However, a lasting effect has, as elsewhere mentioned, never been recorded.

Salicylic Acid in Intermittent Fever.

Dr. Hiller, of Berlin, comes to the following conclusions with reference to the exhibition of salicylic acid in intermittent fever, as compared with quinine.

1. Salicylic acid is, in water, the natural solvent, much more difficult of solution than quinine.

2. In intermittent fever, ten times the quantity of the acid is necessary to produce about the same result as quinine. In a class of other febrile diseases the proportion is quite the same. In other words, salicylic acid has an antipyretic working ten times weaker than that of quinine.

3. Salicylic acid possesses in substance, and in concentrated alcoholic solution, strong, exciting, respectively irritating properties; quinine, on the contrary, in the doses necessary for the cure of intermittent, is without harmful secondary action.

4. All these disadvantages, together, have, for its practical exhibition, a highly disagreeable consequence, namely, difficulty of administration per orem, which is not present with quinine in the ordinary form and dose. All fever patients, treated with both preparations, preferred, without exception, the latter to salicylic acid.

5. The anti-febrile working of salicylic acid is not only weaker than that of quinine, but also of much longer duration. Relapses of intermittent after salicylic acid were observed much sooner, and more frequently, than after quinine.

6. An antipyretic curative effect in malarial fevers salicylic acid produces only in the more mild and primitive forms. In the more severe and relapsing forms, although given in corresponding larger doses, it has the same no longer.

7. Salicylic acid is, finally, an unreliable medicine, because the difficulty of solution causes an uncertainty with reference to the dose, and to assimilation in the stomach and intestines. This unreliability increases with increase of the dose, which now is often vomited; then, again, often not taken at all, on account of the disagreeable taste.

Dr. Hiller concludes as follows:—Salicylic acid is certainly an antipyretic, but, with reference to its exhibition and working, by no means competing with quinine, and no one can doubt that its lot with that of the last named will not be equal.

After all, who, in spite of himself, is not forced to recall to memory the old quarrel between cortex Salicis and cortex Chinæ? *Audi alteram partam.*

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Stated meeting, November 24th, 1875, Dr. Delafield, President, in the chair.

Aneurism of Abdominal Aorta—Contraction of Colon and Ileum.

Dr. Leaming presented, in behalf of a candidate, specimens of aneurism of the abdominal aorta, and of contracted colon and ileum, with a history as follows:—

Edward Mitchell, aged thirty-seven, had been engaged for twenty years in the preparation of straw goods with acetate of lead, and had been at times subject to lead colic. In the year 1865 Dr. Leaming saw him in consultation; he then exhibited all the symptoms of lead poisoning, *e. g.*, a blue line at the edge of the gums, colic and constipation. Saline cathartics and iodide

of potassium were prescribed, and morphia given to relieve pain. On August 30th of the same year he was again seen; the blue line at the gingival margin had then disappeared. He still suffered from colic and constipation, and complained of a sensation of fatigue in his back, which was increased by prolonged exercise. On the 23d of September Dr. John T. Metcalf discovered a pulsating tumor in the epigastric region, and diagnosed aneurism of the cœliac axis. This diagnosis was confirmed by Dr. Leaming, who saw the patient one month later. Shortly afterward the patient died suddenly, exhibiting all the signs of internal hemorrhage.

Autopsy.—The heart and lungs were normal. The peritoneal cavity contained clotted blood. The ileum and colon were contracted. The liver was slightly congested. Aneurism of the abdominal aorta was found, which had ruptured into the peritoneum. The patient had dated the presence of the abdominal tumor from having lifted a tub containing a solution of acetate of lead, in which one hundred and fifty dozen of straw hats were soaking at the time. He felt as if something had given way internally.

Thrombosis—Phlebitis.

Dr. Putnam-Jacobi presented portions of the vagina and uterus, which had been taken from a specimen of enlargement of the uterus following criminal abortion, with subsequent peritonitis, that had been presented at the last meeting of the society by Dr. Finnell. Two large veins were found intensely congested, and showed evidences of phlebitis. The President said that this demonstration of Dr. Putnam-Jacobi filled an important vacancy in the case. It had been shown that thrombosis existed in the veins situated posteriorly to the vagina, and leading to the uterine sinuses. It became a question, whether the thrombosis was primary or secondary to the peritonitis. However, from the history of the case, it was, he thought, probably primary.

Catheter Removed From the Bladder.

Dr. Stimson presented the fragments of a flexible catheter, which had been removed from the bladder of a man by the lithotrite. A middle-aged German received an injury of his back fourteen years ago, which was followed by paralysis of the lower extremities and rectum; he was obliged to draw off his urine by means of a catheter. Six weeks ago he was run over by a wagon, the wheels passing over his loins; the result was an aggravation of the bladder symptoms. Shortly after the occurrence of this accident he bought a few cheap catheters at a country drug shop. He introduced one of them into his urethra, and broke it, eight inches remaining in situ, which, by further manipulation, was partly pushed into the bladder. He presented himself at Dr. Willard Parker's office with his penis very much swollen and insensible; he had tied the prepuce with a string. Dr. Parker removed a portion of the catheter by means of the lithotrite. Eight days later Dr. Stimson removed the remaining fragments in the same manner. No cystitis followed these operations. After the first one, the patient could retain his urine for six hours, and after the second operation he could retain it for as long a period as before the occurrence of the accident. While the catheter was in the bladder the patient could retain about one and a half ounces of urine; if more was allowed to accumulate, it would dribble away.

Disease of Sacro-iliac Articulation.

Dr. Erskine Mason presented the right os innominatum and sacrum, and gave the following history:—

A man, aged sixty-one, was admitted to Roosevelt Hospital, on January 20th, 1875. One year before, his penis had been amputated in the same institution, on account of elephantiasis, by Dr. Weir. In September, 1874, he was suddenly seized with pain in the hips and outer side of the thigh; this, however, decreased in intensity, and he was able to resume his occupation, which was that of night watchman. A few months later, he was again seized with a pain in the right hip, which radiated to the knee. He kept his bed for two weeks, subsequently returning to his work. He soon afterward again became an inmate of the hospital. About fourteen days before his admission he noticed a small tumor, which appeared below Poupart's ligament. On examination, it measured four and a half inches vertically, and four inches horizontally. The tumor was painful. He complained of pain in his right hip. The tumor was regarded as a chronic abscess by all the surgeons of the hospital; it was accordingly aspirated on February 4th, 1875; and pus was discharged. On March 5th Dr. Mason examined the patient carefully; he found no indication of hip disease, but pressure at the right sacro-iliac articulation elicited pain; he therefore diagnosed disease of that articulation. Aspiration of pus from the abscess was resorted to on several occasions subsequently. He was seen afterward on the hospital grounds by the doctor, and said he felt no pain whatever. On June 9th fluctuation was detected in the gluteal region, and pus evacuated by an incision. On the 20th of August he was seized with pain in his left hip; erysipelas of the thigh and diarrhœa set in, and a bed sore appeared on the sacrum. His condition grew worse, and he died on September 24th.

Autopsy.—The bones were eroded at the right sacro-iliac articulation. Pus was found between the muscles and bone near the joint. The ligaments and entire articulation had been destroyed by the disease. Dr. Mason remarked that this had been the first case of the kind ever presented before this society. The points of interest which were connected with the case, he said, were: First, the age of the patient. Erichsen says that he has never met with this disease in advanced life or in childhood. Secondly, that the patient could walk about

during the progress of the disease; and, thirdly, that no abscess had appeared until toward the end of the patient's life. Its situation was remarkable, being found in the anterior part of the thigh, the usual situation being on the outer aspect, and often opening into the rectum.

Dr. Weir said that when the patient was under his observation, he was suffering from an abscess near the rectum, and thought to be ischio-rectal.

Dr. Mason said that the patient had a urinary fistula; and, in answer to Dr. Post, said that there had been no lengthening of the limb on the affected side, nor tilting of the pelvis.

The President said that he made the autopsies in four cases of sacro-iliac disease; they were all adults, and no ante-mortem diagnosis had been made in any of them. He had not found cheesy infiltration of the parts, but had found erosion of the bone. This disease was unlike hip-joint and Potts' disease in these particulars, but resembled suppurative disease of the vertebræ.

Dr. Mason remarked that Mr. Erichsen had seen no cases of recovery in this disease after abscesses had formed, but that Hilton had reported three cases, where the disease had occurred in young children, followed by abscess and recovery.

Tumor in Right Iliac Fossa—Operation—Peritonitis—Death.—Chronic Suppurative Synovitis of Shoulder Joint—Excision.

Dr. Weir presented the small intestine, which had been perforated by an incision for the relief of an abscess in the right iliac fossa. A man, aged nineteen, suffered last spring, for several weeks, from intermittent fever and diarrhœa. He was admitted to Roosevelt Hospital on October 9th. Seven weeks before he noticed an enlargement of his abdomen, and felt pain; this was accompanied by diarrhœa. On examination, a tumor was found in the right iliac fossa, extending to the inferior border of the ribs; it was painful to the touch. He gave no history of chills; the fæces were clay-colored. An indistinct tumor could be detected on examination per rectum. Only toward the last was there any elevation of the temperature. Both pleuræ were the seat of effusion. On October 12th the tumor became more painful, and was increasing in size. It became necessary to introduce the needle of the aspirator into the tumor; one and a half ounces of pus was aspirated. On the next day the needle was again introduced, and used as a guide for the bistouri, with which an incision of three-quarters of an inch was made. No fecal odor proceeded from the wound after the operation. On the day following, fecal matter was discharged; it was odorless and resembled undigested milk. The patient was relieved after the operation. At the end of a week the discharge of pus ceased, and the wound closed. On October 29th the patient went to Brooklyn on pass; when he returned to the hospital the tumor was increased in size. General peritonitis developed, and on November 21st the temperature rose to 105° Fahr., and he died on the following day.

Autopsy.—The intestines were matted together by recent exudation. Opposite to where the incision had been made, in the right iliac fossa, was found an opening into the jejunum, about twelve or fifteen inches above its origin; this being due to distention caused by the presence of a tumor. Local peritonitis at the site of the incision was detected.

The other specimen presented by Dr. Weir was the head and upper extremity of the left humerus, removed by excision on October 29, from a man aged forty-eight, a butcher by occupation.

A painful swelling of the left shoulder appeared, which was mistaken for rheumatism, but soon afterward an abscess was detected, which pointed anteriorly and posteriorly; after it was opened the probe could be passed some distance anteriorly. Chronic suppurative synovitis and erosion of the cartilage of the joint were diagnosed. A straight incision was made on the anterior portion of the shoulder, and three and a half inches of the humerus were removed in three sections. The glenoid cavity was involved and the diseased bone gouged out. The arm was then strapped to the chest, and the patient is now doing well.

Dr. Weir, in answer to Dr. Mason, said that the arm could be raised from the chest to the extent of a few inches. He further remarked that in these cases the inability to raise the arm was, he thought, due to the injury of the nerve.

Dr. Mason suggested that it was due to the approximation of the deltoid after the exsection of the head of the humerus. He said that he had performed this operation four years ago upon a patient who could now raise his arm above his head.

Necrosis of First and Second Phalanges of Index Finger—Urinary Calculus.

Dr. Post presented specimens of necrosis of the first phalanx and a portion of the second of the index finger, and a urinary calculus removed by lithotrity. The first specimen was removed from a woman, who first suffered from a paronychia for a number of days before it was incised. Seven weeks later necrosis was detected. Dr. Post thought that a free and deep incision at the beginning would prevent necrosis. The second specimen was a calculus removed by lithotrity from a man who had suffered from symptoms of stone in the bladder since last July.

THE MINNESOTA STATE MEDICAL SOCIETY.

This body met at St. Paul, Minnesota, February 1st. Dr. J. H. Stewart, of St. Paul, the President, occupied the chair, and Dr. C. E. Smith, of St. Paul, the Secretary, was at his post.

After the reading of a portion of the Scriptures, and prayer by Rev. Hamilton Lee, of Christ Church, St. Paul, the roll was called, indicating the presence of thirty-six members,

which was shortly afterward increased by incoming members and visitors, until fifty gentlemen were in attendance.

Dr. F. Staples, from the Committee on Obstetrics, read a report upon this subject, in which he related a very large number of instances of childbirth, and the peculiar circumstances attending each case. The communication was referred to the Committee on Publication, to be published.

Dr. A. B. Stuart, of Winona, read an interesting report upon meteorology, which was similarly acted upon.

Dr F. Atwood, of St. Paul, read a report in regard to diseases of the eye, in which he gave full particulars of the treatment followed by him in a large number of cases he had under his observation. This report was received and ordered printed.

Dr. F. H. Milligan, of Wabasha, read an interesting paper upon medical jurisprudence, which was a calm but earnest protest against the senseless clamor against surgeons who are unfortunate enough to be charged with malpractice, and against the prejudice which exists in the minds of many as to physicians. The same was referred to the Committee on Publication, for publication.

Dr. Murphy reported that a short time ago a woman came to him, over one hundred miles, to have a tumor removed from her side. She was a large, healthy lady, forty-six years of age, and married. The tumor was removed by him and Dr. Stone, and the patient was now doing well. The tumor weighed about six pounds. He asked that a committee of three be appointed to investigate the case, and report thereon to the society. Such committee was appointed by the chair, as follows: Drs. Milligan, Hewett, and Blood.

The society adopted a resolution confirming the fire-test of 150° Fahr. for illuminating oils.

Dr. C. F. Warner, of Mankato, reported very minutely a case of ovariotomy, that was listened to with the utmost attention. The report was referred to the Committee on Publication, for publication.

A report was presented relating to an inebriate asylum; the same was unanimously adopted, and the following committee was appointed to present it to the Legislature: Drs. Stuart, of Winona; Lindly, of Minneapolis; Murphy, of St. Paul; Fitch, of Hastings, and Smith, of Duluth.

Resolved, That, as citizens having at heart the welfare of our State, and as physicians having peculiar cognizance of the relations of alcoholic intemperance to the public health, and special knowledge of "chronic alcoholism" as a widespread and increasingly prevalent disease, nearly incurable save through hospital restraints and treatment, we have heard with profound regret of the late action of our State Senate in relation to the Minnesota Inebriate Asylum, established by law last winter; that, with all respect for that honorable body, we cannot but believe that their said action was not based upon such thorough knowledge of the nature, aim and function of inebriate asylums, their present success, and the urgent need for them throughout the land, as ought to underlie practical action in a matter so important; and, as a society, we do most respectfully urge upon the House of Representatives the propriety of non-concurrence in said action of the Senate, and, with earnestness only deepened by another year of reflection and observation upon the subject, we repeat the resolution of twelve months ago, to wit:—

"*Resolved*, That the State Medical Society respectfully urge upon the Legislature the necessity for the immediate organization of an inebriate asylum, for the following reasons:—

"*First.* That habitual drunkenness is a disease, requiring medical treatment, which cannot be given with any reasonable prospect of success in private practice.

"*Second.* That inebriate asylums have already been organized in other States, and have proved their value by their results.

"*Third.* That inebriety already exists in Minnesota to an extent that urgently calls for such an asylum."

Dr. J. C. Rosser, of Brainerd, presented a very lengthy report on surgery. Its length was so great that it was referred to the Publication Committee without reading, with instructions to publish.

Dr. A. B. Stuart, of Winona, who was a delegate to the National Medical Association, held at Louisville, made an interesting report of what he saw and heard there.

Dr. L. P. Dodge, of Farmington, presented a report on gynecology, which, owing to the short time the society was to be in session, and the large amount of business to be transacted, was referred to the Publication Committee.

Drs. T. W. Burns, C. H. Robbins, and Fred. A. Densmore were elected members of the society.

Dr. Hagan, of St. Paul, read two interesting reports in regard to removing ovarian tumors.

Dr. D. W. Hand desired to call the attention of the association to what is known as the McDowell fund. He went on to state that it was contemplated to erect a memorial statue in honor of Ephraim McDowell, M. D., of Kentucky, the founder of ovariotomy. The idea originated, he said, in Danville, Ky., where the first operation was performed. It was adopted by the Boyle County Medical Society, approved by the Kentucky State Medical Society, and earnestly endorsed by the American Medical Association held at Detroit in 1874. Ovariotomy has outlived all opposition, and has by common consent attained a position in legitimate surgery. Nations formerly arrayed against it are now claiming for themselves the honor of priority. This honor belongs alone to America. Dr. McDowell accomplished an act in 1809, in the western wilds of Kentucky, which was not only discredited but also denounced by the whole medical world. Now that ovariotomy has been established throughout

the world as one of the greatest triumphs in surgery, it is deemed eminently proper to erect a suitable memorial, expressive of the high appreciation of the character of Dr. McDowell. Dr. Hand stated that it was hoped the members would subscribe liberally for the purpose, and all who desired to contribute would find a paper on the table, to which they could affix their names, with the amount each one was willing to give. This money, with all that is collected for this purpose throughout the United States, will be forwarded to Louisville.

Dr. Murphy, of St. Paul, exhibited a bullet embedded in stone, the whole being about two inches in length and three-quarters of an inch in thickness, which he removed from the bladder a short time ago. The man has recovered from the operation and is doing well. He was a cavalry officer, and was shot during the rebellion, in the back, and it is supposed that the bullet at some time dropped into the bladder, and there remained till removed as above stated.

Dr. Lincoln, of Wabasha, gave the particulars of a case where a boy died from his bowels becoming tied into a knot. During a post-mortem examination the doctor took out that portion of the bowels that were so tied up, and exhibited them to the members of the society, all of whom looked upon them with great curiosity.

Dr. Stewart, the retiring President, stated that as the society had reached the topic known on the card as miscellaneous business, he withdrew from the chair, and introduced Dr. Milligan, of Wabasha, who assumed the duties of President. In doing so he spoke a few words of thanks.

Drs. C. N. Hewett, Red Wing; A. B Stuart, Winona; and C. E. Smith, of St. Paul, were appointed delegates to the international medical congress to be held at Philadelphia in September next.

The time for holding the annual meeting has been changed to June, and the next one will be held at St. Paul in June, 1877, to which time the society adjourned.

Editorial Department.

Periscope.

Treatment of Diphtheria.

Dr. J. Lewis Smith, of New York, reports unusually favorable results in diphtheria:—

The mode of treatment employed, and by which the author, in his private practice, has saved a much larger proportion of cases than he had been able to cure by any other measures which he had previously employed, was the following: As soon as the case comes under observation, the following mixture is applied, every second or third hour, over the fauces, by one or two applications of a large camel-hair pencil:—

℞.	Acidi carbolici,	gtt. vj–x
	Liquoris ferri subsulphatis,	℥iij
	Glycerinæ,	℥j. M.

If there is discharge from the nostrils indicating diphtheritic inflammation of the Schneiderian membrane, a little of the same mixture diluted with an equal quantity of warm water is injected into each nostril every three to six hours. To do this, the child is placed upon its back, with the head thrown backward and the eyes covered with a towel, to prevent the liquid from entering them. A small glass ear or nostril syringe, with a knob or button at the end of the nozzle, is the best form of instrument for these injections.

One-third to one-half of a teaspoonful of the diluted mixture is a sufficient quantity to employ for each nostril. This application, properly made, prevents decomposition, removes the offensive odor, and, that which is of the greatest importance, prevents blood-poisoning; it immediately arrests the movements of the bacteria, and probably destroys them, as the author has observed in experiments with the microscope.

Quinine in doses of one to two grains, according to the age of the patient and severity of the case, is administered about every fourth hour, and each hour in the interval half a teaspoonful to one teaspoonful of the following:—

℞.	Potassæ chloratis,	℥j–ij
	Tincturæ ferri chloridi,	℥j
	Syrupi simplicis,	℥iv.

A little chlorine is set free in the above mixture, and the quantity may be increased by adding a few drops of dilute muriatic acid. No drinks are to be allowed for a few minutes after its administration, or after the use of the brush; by this precaution, the lotion is not washed away too quickly from the fauces.

In three or four days, if the case progress favorably, these remedies are employed less frequently, but they are continued until not only the pseudo-membrane has disappeared, but the inflammation also has in great part abated. When the inflammation has begun to abate, and there is no reappearance of the exudation, a gargle or drink of chlorate of potash is given.

When We May Bleed and When We May Not Bleed.

In an address in the British *Medical Journal*, by Henry Moon, M. D., F. R. C. P., Physician to the Sussex County Hospital, the writer says:—

In therapeutics, there has been an immense improvement. I will only take one instance amongst many others, that of blood-letting. During my apprenticeship at a large London institution, my chief employment from day to day was to bleed and cup those patients who had been seen by the physicians and surgeons. Blood-letting was then used as a remedy whenever there was an increase of the temperature and a quickening of the pulse; and, doubtless, this indiscriminate irrational application of so bold a remedy destroyed thousands of lives annually. In some cases, however, blood-letting, with the light of modern science, is still a remedy of great practical usefulness.

We may bleed in, for instance, cerebral hemorrhage, if the impulse of the heart be strong, and its sounds loud; if the pulse be regular, and no signs of commencing œdema of the lungs exists, we should bleed without delay. Here a judicious timely bleeding may prevent the extension of the paralysis from the cerebrum to the medulla oblongata, which is essential to life.

In order that as much arterial blood as possible may enter the brain, we must try to facilitate the escape of venous blood, without, however, diminishing the propelling powers too much.

We may not bleed when, on the contrary, the heart's impulse is weak, the pulse irregular, and rattling in the trachea has already begun; we may be almost certain bleeding will do harm, since the action of the heart, which is already weakened, would be still more impaired, and the amount of arterial blood going to the brain would be thus still more decreased. When these conditions occur, the indications require just the opposite treatment, in spite of the original disease being the same, and being due to the same causes. Here, by the use of stimulants, we must strive to prevent paralysis of the heart; frictions, sinapisms, wine, ether, and musk, instead of bleeding, are called for.

We may bleed in acute croupous pneumonia, when the pneumonia has attacked a vigorous and hitherto healthy person, and is of recent occurrence, the temperature being higher than 105° Fahr., and the pulse rating at more than 120 beats in a minute. Here danger only threatens from the violence of the fever; and a free venesection will reduce the temperature, and lessen the frequency of the pulse. In those, however, who are already debilitated, bleeding increases the dangers of exhaustion. Should the fever in pneumonia be moderate, blood-letting is not indicated, even in healthy and vigorous individuals. It cannot cut the fever short; indeed, the fever is more apt to persist, although in a somewhat more moderate degree; so that the enfeebled patient is thrown into greater danger than if he had to pass through a more violent fever, but with unreduced strength.

We may bleed in fluxion of the lung, arising from excessive cardiac action threatening life. The result of a bold venesection here is astonishing; as soon as the volume of the blood has become lessened, the pressure diminishes in the arteries (as it depends upon two forces: first, the energy of the cardiac contractions; secondly, the fullness of the cavities of the heart). The patients often breathe more freely during the operation, the bloody foam which they were expectorating vanishes, and life may be rescued from the greatest dangers, by aid of the physician.

So, also, in collateral fluxion of the lung (acute hyperæmia) during the course of acute pneumonia, pleurisy, or pneumothorax, we may bleed. Here a large part of the dyspnœa depends upon the overfilling of the capillaries and swelling of the vesicles in the portions of the lung unaffected by the inflammation.

When patients die in the first stages of pneumonia or pleurisy, or shortly after the air has penetrated into the pleural sac and compressed the lung (pneumothorax), they die of collateral fluxion (hyperæmia) and collateral œdema. If collateral fluxion threaten life during the progress of these diseases; if the patient be attacked with intense dyspnœa, and a moist *râle* become audible; if the sputa become serous, the danger is imminent. Then pay no regard to the small pulse, or rather, look upon it as a new reason for bleeding; for thereby the force of the heart is diminished, the pressure in the arteries of the hyperæmic parts of the lungs is also reduced; the capillaries are less full; the transudation of serum, which was threatening, or had already set in, does not occur or ceases; and here, too, we often see the patient breathe more freely and deeply when the blood is flowing.

Since, however, in by far the greater number of cases venesection has an unfavorable effect upon the main disease, by increasing the danger from exhaustion and impoverishment of the blood, we should not be led astray by these striking instantaneous results, so as to bleed without necessity; that is to say, unless life be threatened. Should œdema threaten in the course of disease of the heart, immediate danger to life may demand a diminution of the volume of the blood, and the relief consequent on venesection is usually beneficial.

The blood of persons of long-standing disease of the heart is poor in fibrin and albumen, and, has great tendency to form serous transudations. Venesection renders it thinner, and, therefore, bleeding should never be used in these cases but under the most pressing necessity.

Blood-letting should never be used in the hyperæmia of asthenic fever, no matter how great, and though the œdema threaten life.

In endocarditis, as a rule, bleeding is decidedly injurious; still a condition sometimes exists where the indication as to symptoms calls for venesection. In cases where over-

charge of the pulmonary circulation imperils life by threatening œdema of the lungs, and demands prompt relief by diminution of the volume of the blood. A great acceleration of the pulse, and signs of feebleness, however, in the action of the heart, indicate the administration of digitalis. Should palsy of the heart threaten, give stimulants boldly.

The Avoidance of Puerperal Infection.

Dr. Priestley, President of the London Obstetric Society, said in a recent address:—

The method to be pursued for guarding lying-in women from noxious influences consists of all those measures which prevent the formation of poisonous materials in her own system, and which secure her isolation from all contagion from without. In following out the first indication, it is necessary to provide, as much as may be practicable, for a women encountering her confinement in the best possible condition of health, by impressing upon her the necessity of obedience to natural laws during her pregnancy. If complications occur during pregnancy, they must be combated as the circumstances will permit. Dr. Barnes has informed us that albuminuria at the end of pregnancy is extremely apt to go into puerperal fever. In these cases, therefore, a sedulous watch must be kept, the bowels must be carefully attended to, and other suitable treatment for these cases adopted. The process of parturition should be conducted with the view to the genital canal of the woman being exposed to the effects of irritation, continued pressure, and laceration, as little as may be possible. After the birth of the child, a full and perfect contraction of the uterus should be secured, by seeing that the organ is not emptied too suddenly, and that the hand follows the fundus down from above as its contents are expelled. Subsequently to delivery, the various known methods should be practiced to promote the contraction of the walls of the womb and the diminution of the uterine cavity; and any clots forming should be removed from time to time during the hour after removal of the placenta. It is superfluous to say that the placenta should be extracted in its entirety, when possible; and great care should be taken not to leave any detached portions adherent to the uterine walls. The same precautions should be observed, when practicable, in cases of abortion. If any considerable laceration of the perineum have taken place, the edges of the wound should immediately be united by sutures, not only for the purpose of restoring the perineum, but also to prevent contamination of the wound by putrid discharges. In the case of other wounds in the vagina or cervix uteri, especial care should be taken to keep them clean by repeated injection, and to leave as small a raw surface exposed as may be practicable. In all cases where the lochia are in the least degree offensive, the vagina should be well injected with Condy's fluid and water, or other innocuous disinfectant, twice in twenty-four hours, or oftener if necessary; and the injection may be carried into the uterine cavity, if it be much distended, and there is a suspicion that it harbors fetid contents. The injection of the womb-cavity, however, should be conducted slowly, carefully, and without force. These uterine injections were practiced long ago by William Harvey, and there is concurrent testimony in this and other countries of their marked utility in abating the symptoms even when puerperal fever has apparently set in.

Next in importance is to take care that there is no fecal accumulation in the bowels, and to recollect that the existence of previous diarrhœa may be the indication that retained masses are lying in the intestines and producing irritation there.

To secure the isolation of a lying-in woman from noxious influences which may be communicated to her from without, may be difficult, and in some cases perhaps impossible. We are all agreed as to the absolute necessity of preventing, directly or indirectly, any communication between cases of erysipelas and puerperal patients. We are agreed, also, as to the necessity of the midwifery practitioner avoiding all post-mortem examinations. His hands should avoid all contact with specific poisons or septic materials; and if perchance his fingers have touched anything suspicious, he should at once carefully and thoroughly disinfect them. The necropsies which seem most baneful are of those bodies which have recently died of erysipelas, peritonitis, zymotic disease, or any other inflammatory and febrile affections; and in such instances the accoucheur should not even be present in the room when the dissection is made, as, though he decline to touch, yet his person and clothes may become infected by the poison.

When a medical man has a bad case of puerperal fever in his own practice, or is required to see one in consultation, he should certainly not go direct to another midwifery patient without first changing his clothes, besides careful ablution of his hands.

Many chemical substances have been recommended to be added to water for purifying the hands: iodine, chlorine and its compounds, sulphurous acid, cyanide of potassium, carbolic acid, and the permanganates. It matters not which agent is employed, so long as it is used carefully and efficiently; and if it be necessary to disinfect clothing, this is readily done by exposing it in an oven to a high temperature, for which many upholsterers have a suitable arrangement. Taking all the circumstances into consideration, I am disposed to recommend a week's seclusion after regular attendance has ceased on a single puerperal fever case. When a series of cases have occurred in the practice of any one medical man, he should absent himself from midwifery practice for a month at least. During either the short or the longer interval of seclusion, the means for disinfection should be fully carried out.

Finally, I have a word or two as to the propriety of attending patients suffering from scarlet fever or other zymotic disease, and lying-in women, at the same time. After what has been said in this debate, I cannot expect the same accord of opinion as on other parts of the ground I have gone over; but I would earnestly beg those who have as yet had so favorable an experience, when attending the two sets of patients conjointly, to ponder well what has been said by others on the reverse side of the question. It cannot be expected that men in general practice, who may be in charge of a scarlet fever or small-pox patient, shall at once relinquish all midwifery practice for the time being, because zymotic diseases are so prevalent that this would practically preclude their attending confinements altogether, or make their attendance on midwifery patients so irregular as to be unreliable. Nevertheless, in view of the dangers which have been indicated by various authorities, albeit their experience may seem to point to different conclusions, they are bound to exercise vigilance, lest perchance they slip into a pitfall unsuspected by them.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——New Jersey Medical Society Transactions, 1766–1800. These records are a supplement to the Transactions of 1875, and were exhumed at the request of the society, made at its last annual meeting. The history of the association commences with an informal meeting held June 27th, 1766, and gives the names of fourteen charter members. The "table of fees and rates" is an amusing comparison with the present scale. A dissertation by Dr. Burnet, on the "Healing Art," etc., is published in full. This was read Nov. 6th, 1787. Two theses, on "Air" and "Chemical Principles of Bodies," written by Dr. Elmer, with two or three later productions, are inserted. The form of the certificate of the society is printed in full. The compilation is very creditable, the printing unusually clear, and the "Memorial" ought to be prized by our neighbors.

——Sixth Annual Report of the American Association for the Cure of Inebriates, held at Hartford, September, 1875. The essays are six in number, and concern the causes of inebriety and its relation to loss of volition and mental aberration. In the annual address of the President, Dr. Parrish, of Baltimore, the progress of a reform in sentiment toward the intemperate is exhibited, and sympathy expressed for the emotional weakness of the drunkard. Inebriates are not believed by him to be the "flagrantes causæ" of all the misdemeanors of society. Dr. Parrish would waste no argument to convert them, but restore their health; awaken in them a sense of honor, and extend to them the hand of cheer.

BOOK NOTICES.

Lectures and Essays on the Science and Practice of Surgery. By Robert McDonnell, M. D., F. R. S., etc. Part II. Dublin, 1875. pp. 320.

The title of this book is not a felicitous selection. The essays are not a donation to the therapeutics of surgery, unless remotely, but dissertations on the function of the spinal cord as evidenced by experiments, and its behavior when diseased. The author announces himself as a "handmaid" of Brown-Séquard, and after enumerating a few of the earlier researches on the physiology of the spinal tracks and relegating the theories of Sir Charles Bell to the domain of "brilliant but deceptive doctrines," eulogizes Dr. Séquard for his discovery that sensitive impressions travel to the encephalon principally via the gray matter of the cord. The observations of Séquard on the decussation of sensitive impressions in the cord are detailed, and the bearings on diagnosis of methods for determining the degrees of tactile sensibility are taught. Dr. McDonnell does not assent to the view of Séquard that every kind of sensation has a distinct channel of transmission. The province of the vaso-motor system and its influence on nutrition, secretion, etc., is next discussed. A few hypotheses are mentioned, but made to give way to the "tolerably certain" theory on the great sympathetic, viz., that it is a motor nerve of blood-vessels. The study of epilepsy by Séquard is asserted to have evolved the cause of that curse to be referable to an alteration in the nutrition of a nerve centre, and consequently its function. "Muscular sense" is explained *a la* Séquard. The "critical essay" occupies the first two hundred pages, and is no more than a commentary and defence of the researches of Professor Séquard. The author next advances a substitute for the theory of separate conductors, and explains the resolution of the sense of touch into elementary impressions by borrowing from the wave theory

of light. This hypothesis is very ingenious and beautifully demonstrated. By analogy, McDonnell conceives that a nerve tubule carries a number of vibrations distinct in character, and which originate as many different sensations. So that the same nerve can transmit the "wave" corresponding to the idea of contact—the wave of heat, the wave of red or blue.

The rest of the work comprises a series of four lectures on "Physiology applied to Practice." These are prefaced with a few excellent remarks on the justification of vivisection. The text of the first lecture is the "Influence of the Nerves on the Heart and Blood-vessels." Three experiments are reported. The first is to prove that when the temperature of one part of the body is suddenly lowered, the cooling of another member is due to a "sympathetic contraction" of its blood-vessels, not to the presence of colder blood. Results of section of the "sympathetic" and galvanization of the pneumogastric, as retarding the action of the heart, are ably illustrated. The lecture concludes with the theory of Séquard on the cessation of the heart. McDonnell questions Séquard's explanation by "absence of excitation." In the second lecture the reflected influence of cerebral, gastro-intestinal, and uterine irritation is exhibited. The third lecture consists of pathological confirmations of the function of the "gray" matter. The closing lecture is given to an explanation of hyperæsthesia from section of a lateral half of the cord. "Muscular sense" and "pain in cramp" are analyzed, and Romberg's assertion that epilepsy cannot be manufactured refuted, and the cause of epilepsy suggested as a "blood change." The lectures are prepared with care, and the conclusions well fortified. The experiments can hardly be received as original adventures, and we wish the book was less a review of the investigations of another. The essays, however, will amply repay a perusal, and the teachings are reliable.

Medical Thermometry and Human Temperature. By E. Seguin, M. D. Wm. Wood & Co., 1876. pp. 437.

Among the happy evidences that we are fast deciphering the laws of disease is the significance now conceded to thermometrical calculations in detecting physical and even mental disturbances, and it is a welcome announcement that our emancipation from the guessing system in diagnosis is really enjoyed. The time has come when physical methods of determining a disease will do more than corroborate, will anticipate, our best physiological inferences. It is with pleasure, then, that we examine this masterly contribution by Seguin to "organography." Unquestionably, it is the most elaborate and authentic production of its kind. The book is divided into two sections, with "appendices." Part First treats of Human Temperature. An historical résumé of Medical Thermometry prepares us for the general discussion. The work abounds in technical phrases, one of which, ustion, is defined as a "function;" and physiological temperature, "the operation of the function." The human norme is given as 98.6° Fahr., and abnormal normes regarded as rare. The chapter on "Infant Temperature" illustrates variations of the norme by a e. The thermal impressions of food, drinks, baths, etc., conclude the study of healthy temperature. In chapter VIII, some excellent points on the morbid variations of temperature are illumined. Seguin describes calorification in woman as hysterical, and decides the highest rise to be in febile rigors for both sexes. The fluctuations in fevers are beautifully pictured, and a syllabus of Seguin's essay on Typhoid Temperature ought to be added to the library of every medical scientist Charts also set forth the daily difference for eruptive fevers; scarlatina is asserted to conform less to its type than other exanthems. The relations of ustion, circulation and respiration are remarkably concordant in pneumonia, and thermometry is pronounced as only of "accessory value" in that disease, while in typhoid it has a "direct" importance.

In Part Second, Human Thermometry, Seguin is zealous that medicine should embrace thermometry, that it may rank as a "positive science." The instruments are given, with the data of success. The definition of disease, as "a disorder of the mathematics of life," is a sample of the odd independence of conception that marks the style of thought of our author. Water is called the "apyretic by excellence" The articles on "Baths" would make proselytes of the most punctilious dissenters from the water treatment of fevers. Our indebtedness to thermometry for the mathematical adjustment of the animal relations of heat and cold is clearly proven, and the school, family, life insurance companies, society, urged to register thermometrically their "vital resources" and degree of tissue changes.

THE

Medical & Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M. D., EDITOR.

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D. G. Brinton, M. D.,
115 South Seventh Street,
Philadelphia, Pa.

THE PENNSYLVANIA STATE BOARD OF HEALTH.

The creation of State Boards of Health has been constantly put forward in this journal as an important measure for the public health, an essential preliminary to a successful prevention of disease, and hence, of the highest interest to the community. After a long delay it looks as if we should have one in this State, based on a careful study of the similar legislation of other States.

As it is a subject of such general interest, we believe our readers in all sections will be pleased to see the text of the Act as it has been passed by the Senate and referred to the House.

For the copy we use we are indebted to the courtesy of the Hon. O. Logan, M. D., of Erie.

It is as follows:—

An Act *To create a State Board of Health for the protection of life and health, and to prevent the spread of diseases in this Commonwealth.*

Section 1. *Be it enacted by the Senate and House of Representatives of the Commonwealth of Pennsylvania, in General Assembly met, and it is hereby enacted by the authority of the same,* That the Governor, with the advice and consent of the Senate, shall, as soon as practicable after the passage of this act, appoint five physicians in the State, of skill and experience, who shall have been regular graduates of medicine of not less than ten years' standing, who for the time being shall be sanitary commissioners, and the said sanitary commissioners, together with the Attorney General of the State and Secretary of Internal Affairs, shall constitute a board of health for the State, and said board shall be denominated "The Board of Health of the State of Pennsylvania," a majority of members of which, at any regular called or adjourned meeting, shall organize and constitute a quorum for the transaction of business.

Sec. 2. The five persons so appointed shall hold office as such sanitary commissioners respectively for the terms following, namely: one for one year, one for two years, one for three years, one for four years, and one for five years, and until their successors are appointed and qualified, but any one may be reappointed immediately after the appointment of said persons, as aforesaid. They shall meet in the office of the Secretary of the Commonwealth, and shall proceed, under his direction, to determine by lot which of them shall hold, for the respective terms of one, two, three, four, and five years, the said office of sanitary commissioners. Immediately before entering upon the duties of the office, they shall take the oath prescribed for State officers by the constitution of the State, and shall file the same in the office of the Secretary of the Commonwealth, who, upon receiving the said oath of office, shall issue to each of said commissioners a certificate of appointment for his respective term of office, so determined as aforesaid, upon receiving which they shall severally be and become sanitary commissioners, and shall possess and exercise the powers and perform the duties of said board as defined in this act.

Sec. 3. The term of office of each of the said sanitary commissioners after the expiration of the terms aforesaid shall be five years, and they shall be appointed by the Governor; any vacancy that may occur by reason of death, resignation, removal from office, or otherwise, shall be filled in like manner.

Sec. 4. Immediately after the five appointed sanitary commissioners shall have taken the oath of office as above provided, they shall meet with the Attorney General and the Secretary of Internal Affairs, and organize as a board of health, by electing one of said board to be president, and by appointing a proper person, who shall be a physician, to be secretary of said board; and the successive presidents of said board of health shall be annually elected by said board from the members thereof. The secretary shall continue in office as such until removed by the election of a successor or otherwise, and shall be executive officer of said board, and shall receive an annual salary not to exceed three thousand dollars. The said sanitary com

missioners shall receive no salary, but the actual personal expenses of any member while engaged in the duties of the board shall be allowed and paid.

Sec. 5. Said board shall take cognizance of the interests of health and life among the people of the State; they shall make inquiries in respect to the causes of diseases, and especially of epidemics, and investigate the sources of mortality and the effects of localities, employments, and other conditions, upon the public health.

Sec. 6. It shall be the duty of said board to obtain, collect, and preserve such information relating to deaths, disease, and health, as may be useful in the discharge of its duties, and contribute to the promotion of the health or the security of life in the State of Pennsylvania. And it shall be the duty of all health officers and boards of health in the State to communicate to said State board of health copies of all their reports and publications, also such sanitary information as may be useful, and said board shall keep records of its acts and proceedings as a board, and it shall promptly cause all proper information in possession of said board to be sent to the local health authorities of any city, village, or town in this State which may request the same, and shall add thereto such useful suggestions as the experience of said board may supply. And it is hereby made the duty of said health authorities to supply the like information and suggestions to said State board of health. And said board is authorized to require reports and information (at such times, and of such facts, and generally of such nature and extent, relating to the safety of life and promotion of health as its by-laws or rules may provide) from all public dispensaries, hospitals, asylums, infirmaries, prisons, and schools, and from the managers, principals, and officers thereof, and from all other public institutions, their officers and managers, and from the proprietors, managers, lessees, and occupants of all places of public resort in the State, but such reports and information shall only be required concerning matters or particulars in respect of which it may in its opinion need information for the proper discharge of its duties. Said board shall, when requested by public authorities, or when they deem it best, advise officers of the State, county, or local government in regard to sanitary drainage, and the location, drainage, ventilation, and sanitary provisions of any public institution, building, or public place.

Sec. 7. It shall be the duty of the State board to give all information that may be reasonably requested concerning any threatened danger to the public health, to the health officer of the port of Philadelphia, quarantine physician, and all other sanitary authorities in the State, who shall give the like information to said board; and said board and said officer, said quarantine physician and said sanitary authorities shall, so far as legal and practicable, cooperate together to prevent the spread of disease, and for the protection of life and the promotion of health within the sphere of their respective duties.

Sec. 8. Said board may, from time to time, engage suitable persons to render sanitary service, and to make or supervise practical and scientific investigations and examinations requiring expert skill, and to prepare plans and reports relative thereto; and it is hereby made the duty of all boards, officers, and agents having the control, charge, or custody of any public structure, work, ground, or erection, or of any plan, description, outlines, drawings, or charts thereof, or relating thereto, made, kept, or controlled under any public authority, to permit and facilitate the examination and inspection, and the making of copies of the same by any officer or person by said board authorized, and the members of said board, and such other officer or person as may at any time be by said board authorized, may, without let or hindrance, enter, examine, and survey all grounds, erections, vehicles, structures, apartments, buildings, and places; but no more than five thousand dollars in any one year shall be expended for such special sanitary service.

Sec. 9. The said board of health shall recommend the passage of such law as shall be deemed necessary for the thorough organization and efficiency of a registration of vital satistics throughout the State. The Secretary of Internal Affairs shall provide such apartments and stationery as said board of health shall require in the discharge of its duties.

Sec. 10. It shall be the duty of said board, on or before the first Monday of December in each year, to make a report, in writing, to the Governor of this State, upon the sanitary condition and prospects of the State, and such report shall set forth the action of said board, and of its officers and agents, and the names thereof, for the past year, and may contain other useful information; and shall suggest any further legislative action or precaution deemed proper for the better protection of life and health. And the annual report of said board shall also contain a detailed statement of the State Treasurer of all money paid out by or on account of said board, and a detailed statement of the manner of its expenditure during the year last past, but its total expenditures shall not exceed the sum of eight thousand dollars in any one year.

Sec. 11. Said board shall meet, at least, every three months, and may also hold special meetings, as frequently as the proper and efficient discharge of its duties shall require the same to be held (unless otherwise ordered), in the Capitol at Harrisburg; and the rules or by-laws shall provide for the giving of proper notice of all such meetings to the members of the board.

Sec. 12. The sum of eight thousand dollars ($8000) is hereby appropriated from the treasury for the purposes of this act, and the expenditures properly incurred by the authority of said board, and verified by affidavit, subject,

however, to the limitations hereinbefore imposed, and shall be paid by the treasurer upon the warrant of the Auditor General.

Sec. 13. This act shall take effect immediately.

The provisions in the above draft seem to meet the requirements, although, of course, they leave a large amount, both of executive labor and legislation, to be done, before the board can be said to be in working order.

Notes and Comments.

Bronchial Adenopathy.

M. Parisot, in a summary, read to the Société Médical de Nancy, of a paper of M. Lereboullet on this interesting clinical subject, proposes the following conclusions. Bronchial adenopathy, very frequent, not to say constant, in the course of pulmonary tuberculosis, is especially characterized by the bronchial *souffle* perceived at the interscapular region, at the level of the third and fourth dorsal vertebræ. It is the effect, and not the cause, of the already existing pulmonary lesion; and although, by its frequency, it is a valuable diagnostic sign, nevertheless it is not so useful for recognizing the outset of the disease as the symptoms furnished by percussion and auscultation of the summit of the lung.

The Tayuya, a New Remedy.

According to the *Chemist and Druggist*, Tayuya, Tayuia, or Taguga, appears to be the vulgar generic name of certain cucurbitaceous plants of the genus *Bryonia*, but there is considerable doubt, according to Mr. Stanislaus Martin, as to the species to which the plant possessing the virtues now claimed should be referred; seeds, however, have been sent over, so that the matter will probably be settled before long. Martius, in his "Materia Medica of Brazil," apparently describes the same series of plants, or rather their therapeutic effects, under the synonym of *Trianosperma*. In this author's great work, the account of the natural order Cucurbitaceæ has not, as yet, been published, therefore it is difficult to consult authorities on the point. There is a specimen of *Bryonia Tayuya* in the Herbarium of the Natural History Museum of Paris, according to Mr. Martin, and Mr. William Southall lately found in the Herbarium at Kew two specimens, one of which answered to the Brazilian description, as far as it could be compared. There is some doubt as to the nomenclature of the other. The root of Tayuya, as received in England, is broken into small pieces, therefore it is difficult to describe its general characters, but it is said to be elongated and tuberous, napiform (Martius).

A tincture has been prepared from the root, of which fourteen drops are stated to be the maximum dose, commencing with one drop and increasing progressively; it must, therefore, be a medicine of some power. The powder is stated to be used in Brazil for resolvent poultices.

Treatment of Dysentery with Salicylic Acid.

According to the New York *Medical Journal*, cases of acute dysentery have been treated satisfactorily in that city by means of doses of thirty grains of salicylic acid administered three times a day. The only objection to the remedy appears to be a slight irritation of the stomach, but this is not sufficient to cause emesis.

The Localization of Arsenic in the Tissues of Poisoned Animals.

M. Scolsbuboff, of Moscow, has made numerous examinations of the tissues of dogs, rabbits, and frogs, to which he had given known quantities of arsenic in their food. His experiments lead him to the conclusion that arsenic, so far from being localized in the muscles, is specially taken up by the nervous tissue, and afterward deposited, first in the liver, then in the muscular tissue. He therefore suggests that in cases of suspected poisoning by arsenic, especially if acute, the expert should first of all examine the brain and the liver.

On the Digestibility of Milk.

Dr. Carter read a paper in London lately, entitled "Observations on the Digestibility of Milk," in the course of which he discussed various methods which had been generally used with a view of promoting its digestibility, pointing out that their efficiency was essentially due to the dilution of the casein of the milk, thus causing the precipitation, on its introduction into the stomach, in a granular form, of what would otherwise be firm, bulky, and compact. He further showed, by experiment, that simple dilution with water was insufficient for this purpose, and that this object was far better at-

tained by admixture of alkaline or starchy waters with the milk. He summed up by giving a decided practical preference to barley-water. His conclusions were illustrated by experiments and reference to cases.

Treatment of Burns.

In the treatment of burns in the Charity Hospital, New York, when of a superficial character, a preparation consisting of two parts of collodion and one of olive oil has been found to be very efficacious. When the burn is of an extensive character, gasoline proves of decided benefit. The advantage of gasoline is, that it is of the right consistence, and does not become rancid.

Warning!

No person whatever is authorized to collect money for this office, unless he bears a letter to that effect, written and signed by the editor of this journal. A person named Lockwood, lately traveling in the west and southwest, is *not* authorized in any sense by this office.

Correspondence.

Letter from Paris.

Paris, February 1st, 1876.

Ed. Med. and Surg. Reporter.

Paris is not now so much the "fashion" with American medical students as it once was. Vienna is at present the centre of medical teaching in Europe. And though possessing some advantages, in the matter of organization of its various schools, over Paris, the latter city has still some circumstances in its favor, which the student intending to spend a year or so abroad would do well to consider. In the first place all teaching in Paris is free. All cliniques, and hospitals, and schools are open to whoever may desire to avail themselves of the opportunities they offer. In Vienna, on the contrary, every course must be paid for, and at the end of a year this amounts to no inconsiderable sum. In the second place, the expenses of living in Paris—if one lives student-fashion in the Latin quarter—are somewhat less than in any other European city presenting the same opportunities. And as regards the advantages Paris offers for study, they are, in some respects, even better than those of Vienna. I speak more especially of ophthalmology. Wecker's clinique is said to offer more interesting cases than any clinique on the Continent, and is, therefore, exceedingly well adapted for the more advanced student; while the Vienna school is, perhaps, the best for the beginner, on account of its provisions for teaching.

Though Wecker's is the largest ophthalmic clinique here, there are others which afford excellent facilities for the study of eye diseases. Sichel *fils* has a flourishing clinique, and so has Demarres *fils*, both of whom are sustaining well the characters of their *pères*, whose mantles have fallen upon them. Abadie, an *ancien chef de clinique* of Wecker's, is also building up a good reputation, and attracts by his engaging manners and enthusiasm a goodly number of students. But the coming man in scientific ophthalmology in Paris is, undoubtedly, Edmond Landalt. He has been located in Paris but a short time, and has not yet had sufficient time to make his power felt outside of the few who know his acquirements; but the time must come when they will be generally acknowledged. A special student, for a long time, of Helmholtz, and an intimate friend and co-worker with Donders for some years, he is now, beyond question, the most thorough master of all the questions pertaining to physiological optics and anomalies of accommodation and refraction of any man of his age in Europe. The fact that he was selected to write, in conjunction with Snellen, the chapters on the *Function prüfung* in the great ophthalmological encyclopedia of Gräfe and Lärnisch, is sufficient evidence of his standing among those most capable of judging. It is also generally understood that he is to write the Refraction and Accommodation for the third edition of Wecker's treatise, which is to be issued in about eighteen months.

Speaking of books, I will also mention that Sichel is preparing a new text-book on ophthalmology. There seems to be a need for such a book in French, there being no one, except perhaps that of Meyer, that can serve the purposes of a hand-book for the student. He told me he had the manuscript for the first half already completed. I trust he may be able to have reproduced for it in chromo-lithograph some of the exquisite colored drawings of the fundus which he has made. But I fear that they would lose much of their delicacy in this transference.

Considerable excitement was raised lately in Parisian ophthalmological circles by a case of cysticercus in the vitreous, which occurred at Wecker's clinique. Cysticerci are rare in Paris, and only two have been observed previously in the interior of the eye, in all the cliniques of the city. This is the first case Wecker, with his immense practice, has had under his care. It was in the person of a young soldier, and he had noticed some trouble in his vision some three months previously. The diagnosis was made with the greatest facility. The vesicle was seen, even by oblique illumination, to be anterior to the equator, and of the typical transparent green color. At first glance it might have been mistaken for a detachment of the retina, but an attentive examination soon revealed its true nature. No vessels were to be seen on its surface, and the movements were not such as are seen in a detached retina. In-

stead of there being an undulatory motion, there was a concentric contraction which declared most unmistakably its character. And moreover, the neck and head were distinctly visible, lying very far forward, close to the ciliary region. The vitreous was beginning to show a diffuse cloudiness, as well as floating opacities, and vision was deteriorating. He, however, suffered no pain. As those cases where extraction had been attempted had either immediately or subsequently turned out badly, Wecker thought in this instance to try a new procedure. He hoped by making a puncture of the vesicle to destroy the life of the animal, and thus diminish or put an end entirely to the irritation, which, if allowed to progress, must inevitably end in destruction of the eye, and most likely sympathetic trouble in the other. He made this puncture with a Gräfe knife, some six lines behind the ciliary region, having his eye fixed in the meantime, by means of the ophthalmoscope, on the vesicle. The result of the operation was that the vesicle was displaced upward, backward and inward from its former position, but as it was not collapsed to any perceptible degree, it was feared that it was still alive, though for some days little if any motion was observed. Only a very slight reaction followed the operation. In the course of a week, however, it was apparent that the animal was still alive, and making its presence felt, as evidenced by a rapid deterioration of vision and other threatening symptoms.

Enucleation or extraction were now the only alternatives left. Wecker wisely concluded to attempt the latter first, as he could easily make the other should he fail in this. It was not hoped to save vision, but the preservation of the form of the eyeball is a matter of no small moment to a young man just entering life.

In making the operation the globe was rotated strongly downward and outward, and the conjunctiva and subconjunctival tissue dissected up between the tendons of the superior and internal recti muscles. When the sclerotic was laid bare, he introduced a Gräfe knife, and made an incision from within outward, about three lines in length, just large enough to permit the introduction of a pair of fine iris forceps. He had trusted that in the first gush of vitreous after the incision the cysticercus would present itself at the wound, and he could then remove it with the forceps. In this, however, he was disappointed. Only a few drops of vitreous came out, much to our surprise, for it was thought that it was quite fluid: and we should not have been at all astonished to see the whole of it flow out like water, and the globe collapse immediately upon opening the chamber. It only remained to search for it with the forceps. After several unsuccessful attempts, he made an examination with the ophthalmoscope, to become more certain of its position, and then tried again, and this time with success. I was standing in front of the patient, and saw the white-like mass as it passed the field of the pupil. Wecker said it was attached to the retina, and that was why it had not come out at first, as he had hoped. The scleral wound was united by a suture, a bandage applied, and the patient put to bed and kept in a horizontal position for a number of days. It has now been a month since the operation, and the patient has been discharged. There was absolutely no reaction after the operation, and the patient suffered no pain. The form of the globe was perfectly normal, and he can count fingers at a few feet. Altogether, it is a wonderful success. It is a little singular that the solitary case of cysticercus in Wecker's practice should present itself at the very moment when he was writing of the subject in his treatise on "Diseases of the Uveal Tract and Corpus Vitreum," for the encyclopedia of Gräfe and Särnisch mentioned above. The treatise, I am glad to announce, is now all in the hands of the printer, and will be in the bookstores during the latter part of this month.

In connection with this case, Wecker presented at his clinique a man under M. Broca's care, who is actually infiltrated with cysticerci. In every portion of his body they are to be felt in the muscles, as small, round, hard lumps. Latterly he has had such symptoms appertaining to his nervous system as to lead to the belief that they have invaded the brain. He has had several attacks of epilepsy, and is somewhat aphasic, which, according to M. Broca's opinion—whose special hobby is aphasia—points to an involvement of the left anterior frontal convolution. There is also beginning optic neuritis in both eyes, though vision is as yet unimpaired.

I had thought of other matters about which to write, but this letter has already overgrown its proper limits. SWAN M. BURNETT, M.D.

NEWS AND MISCELLANY.

The United States Medical Directory.

It is proposed to prepare a second revised edition of this work. Physicians who have commenced practice, or changed location during the past three years (other than those whose addresses are on our subscription lists) are requested to forward notice of such changes to this office. Other journals please copy.

Fearful Death Rate.

The *Canada Medical Record* says of Montreal, "Few cities of the old world, with their crowding and their filth, show such a ratio as we do, and we believe that on this American continent we have the disgraceful honor of having the largest death-rate. The total mortality for the year 1875 was 6311. 784 were from small-pox, and, as regards nationality, 653 were French Canadians. 103 British Canadians. 2 Irish, 4 English, and 4 Scotch, and 18 were divided among other nationalities."

This would make the startling death-rate of 50 per 1000, or a little over.

Diphtheria in North Carolina.

The *Blue Ridge Blade*, a North Carolina paper, says in last week's issue: The people of Morgantown, Hickory, and the city of Charlotte, think themselves peculiarly unfortunate in the number of deaths from diphtheria, but they have never been blessed compared to some sections of the back country. We are told that up about the Richlands, in the edge of Caldwell and Watauga, for fifteen miles square, there is scarcely a child left.

Trichinosis in Ohio.

A telegram from Sandusky, Ohio, February 3, stated that four residents of Kelly's Island were very ill from eating raw pork. It is supposed the meat contained trichina, the sick people having all the symptoms of that disease.

Personal.

—Dr. E. R. Straznicky, Superintendent of the Astor Library, died at Montclair on Wednesday evening.

—Dr. William H. Mussey, of Cincinnati, has been appointed, by Governor Hayes, Surgeon General of the State of Ohio.

—Dr. Charles H. Sholes was sentenced to six years in the State prison of Boston, for procuring abortion.

—A desperate convict in the New York State Prison made an assault on Dr. W. W. L. Phillips, the physician of the institution, because he refused to prescribe whisky.

—Dr. Logan, Secretary of the State Board of Health, died February 13th, at Sacramento, Cal. Dr. Logan was elected President of the American Medical Association in 1872, and presided at St. Louis, Mo., in May, 1873.

—Dr. George H. Bute, formerly a physician in practice in this city, died at Nazareth, Pa., Feb. 13th, aged 83 years. He was an Englishman, came to America about 1818, and settled in Philadelphia. He was a pioneer of the homœopathic practice in the Middle States.

—Dr. George W. Scriven, of Long Branch, died on February 5th, from injuries received from the upsetting of his buggy. He was forty-nine years of age, and had practiced his profession at Long Branch for twenty-three years.

QUERIES AND REPLIES.

The Esmarch Bandage.

ED. MED. AND SURG. REPORTER:—

In operations for extirpating malignant growths located on the extremities, would the use of Esmarch's bandage for preventing hemorrhage be likely to aid in transplanting the disease in other parts of the body, by forcing from the diseased part morbid material, along with the blood in the limb, into the current of the circulation? Have any of the readers of the REPORTER had experience of the kind? MEDICUS.

Philadelphia, Feb. 15th, 1876.

Ethics.

ED. MED. AND SURG. REPORTER:—

"A." and "B." are located in a certain place, engaged in regular practice of medicine. "E." moves into the same place; whose duty is it to make the first call, "A." and "B." upon "E.," or should the latter make the call? Respectfully, Dr. D. M. C.

Reply.—"A." and "B." should call upon "E."

Excessive Strangury.

ED. MED. AND SURG. REPORTER:—

Will some of your readers give me the most effectual treatment for the excessive strangury which exists in the early months of pregnancy, in some cases. I have a case in the second month of pregnancy, which is very severe, and which, as yet, I have been perfectly unable to relieve.

L. N. D., Ind.

EE. MED. AND SURG. REPORTER:—

Dr. Seguin, in his last work, calls "ustion" a function, and heat its operation. Is not "ustion" the operation and the heat (calor), an equivalent of the force? I do not see how heat can be called an exercise of a function. G. L. B.

Reply.—The relation of function to force is that of power to energy. They are certainly not physical equivalents. Their relation has been discussed by Mr. Croll, London *Philosophical Magazine*, July, 1872.

MARRIAGES.

COOKE—FREESE.—At the St. Nicholas Hotel, February 10th, by Rev. Howard Crosby, D. D., Dr. R. P. Cooke and Miss Sarah Freese, of New York.

ELLIOTT—WRIGHT.—January 26th, by Rev. J. Elliott, pastor of the M. E. Church, Walton, New York, assisted by Rev. B. Lewis, of Poughquag, at the house of the bride's father, E. Ross Elliott, M. D., of Poughquag, New York, and Miss Lina Wright, of Beekman, New York.

EYSTER—WRIGHT.—On Thursday morning, the 17th instant, at St. Peter's Church, by the Rev. William H. Morris, Dr. George L. Eyster, of Rock Island, Illinois, and Fanny, daughter of the late John K. Wright, of this city.

LOCKWOOD—FOOTE.—On Thursday, February 17th, 1876, at the residence of the bride's parents, at Stamford, Connecticut, by Rev. Chauncey Giles, of New York, Abraham Lockwood and Anna Louise, daughter of G. F. Foote, M. D.

DEATHS.

DELANY.—At Atlanta, Georgia, on the 14th inst., Dr. Alfred Delany, Assistant Surgeon U. S. Army, in the 38th year of his age.

DODD.—On Thursday, February, 3d, at his residence, Lower Merion, Montgomery county, Pa., Dr. Robert J. Dodd, Surgeon U. S. Navy, aged 68 years.

KIRKE.—At Fordham, on the 15th instant, Henry Martyn Kirke, M. D.

LEEDOM.—At Germantown, Pa., on February 7th, 1876, Mildred Somers, only child of Dr. John M. and Virginia R. Leedom, aged 9 years.

LEMEN.—At Georgetown, Colorado, February 10th, 1876, Mrs. Sarah E., wife of Dr. L. E. Lemen.

PAGE.—In Tuckerton, N. J., on the 18th, inst., Dr. Thomas Page, aged 77 years.

PETRIE.—In Jackson, Mississippi, at the residence of his mother, Mrs. Hunter, on the 26th of October last, Dr. Herbert L. Petrie, a graduate of the Jefferson Medical College, Philadelphia.

SCRIVEN.—At Long Branch, N. J., on Friday, Feb. 11th, Z. W. Scriven, M. D.

THE

MEDICAL AND SURGICAL REPORTER.

No. 992.] PHILADELPHIA, MARCH 4, 1876. [Vol. XXXIV.—No. 10.

Original Department.

Communications.

THE BOTANICAL HISTORY OF THE SO-CALLED DAMIANA.

BY J. T. ROTHROCK, M. D.,
Of Wilkesbarre, Pa.

The editor of the Medical and Surgical Reporter having received from a medical friend, Dr. J. B. Mears, resident in Monterey, Eastern Mexico, a quantity of this plant, was kind enough to place it in my hands, that its botanical history might be worked out. It appears that its name and place in the botanical system are either unknown or withheld, and it is therefore proper that it should be made public, the more especially so as it is a *reputed* remedy of great value.

So far as its nomenclature is concerned, the plant has had a somewhat checkered history. It belongs to the family of the *Compositæ* (or compound flowers so called), the largest of all those into which the vegetable kingdom is divided by botanists.

In "*De Candolle's Prodromus*," vol. v, p. 350, it appears under the name of *Aplopappus discoideus*, and is placed in the section of *Aplodiscus* of that large genus, which is somewhat remarkable as having no ray flowers. As early as 1836, there were cited in the volume already quoted not less than five collectors who had obtained the plant from Mexico. Besides these, there had probably been others, but just how many I am unable to say. Closely related to this plant was another (so far as the material then on hand revealed), *Aplopappus ramulosus* (*D. C. Prod.*, vol. v, p. 350). More abundant material has since shown that it is the representative of another quite different genus, and it now stands in systematic botany under the name of *Baccharis ramulosa* (Gray, in "*Plantæ Novæ Thurberianæ*," p. 301). I simply allude to this species, however, to point the remark that it, too, judging from its characters, and especially from its viscid, gum-laden leaves, should possess about the same properties that the Damiana does, or even that one sex of it might be confounded with Damiana.

Damiana again appears under the name of *Linosyris Mexicana* of Schlechtendal. From this is probably derived, by mistake, the name *Cineraria* (?) *Mexicana*, under which it was sent to Dr. Brinton. Cineraria is now held to include only South African species; the others that were formerly included under *Cineraria* being assigned chiefly to *Senecio*, among which we find no *Senecio Mexicana*.

Humboldt, Bonpland, and Kunth designated the plant as *Baccharis veneta*, in "*Nova Genera et species Plantarum*," a magnificent series of seven folio volumes published in Paris between the years 1815 and 1825. This work was founded upon the large botanical collections that Humboldt and Bonpland had made in the New World.

Finally, it again appears in a revision of the genus *Bigelovia* by Prof. Asa Gray, which was published in the *Proceedings of the American Academy*, vol. viii, p. 638. The name he has given it is the one under which it must now be known, and under which I will describe it, in popular language.

Damiana, *Yerba Anti-rheumatica*, is, then *Bigelovia veneta*, Gray; shrub, much branched;

bark gray, spotted with black; wood yellow, brittle when dry (color of the commercial *Liquorice root*); leaves clustered along the branches at intervals of from a quarter to half an inch; the fully-grown ones are thick, wedge-shaped, more or less toothed at the apex (or even, at times, cut almost down to the mid-rib), half an inch to an inch long, and from an eighth to a quarter of an inch wide. These, as well as the young branchlets, are covered with a more or ess gummy, glistening exudation. The whole plant appears to have a peculiar pleasant odor (when dry) that I cannot describe.

Flowers have an involucre of several series of thickish, obtuse scales (the inner ones may be acute), which increase in length from the outside, inward; pappus (down) is a dirty-brown color, rather stiff, and under the lens somewhat rough, about as long as the individual floret; achenium (seed), one-sixteenth of an inch long, top-shaped, and covered with minute hairs, pointing upward; receptacle, when the florets have been removed, is covered with minute chaff-like scales. The whole head of flowers is, probably, not over a quarter of an inch in diameter, and a very little longer. It is a common plant in Mexico, but, so far, does not appear to have been found within our territories. There is, however, another species so closely allied (*Bigelovia Menziesii*, Gray) as to be, by some, considered the same, that is found in California and Arizona.

I am not yet prepared to say the aphrodisiac and other properties accredited to *Damiana* will not stand the test of time, for we need more scientific trials and reports upon its effects before we can pass judgment upon it. *I am, however, prepared to say the plant is botanically well known,* and that it is not improbable several other of the twenty-four species (with a host of varieties) into which the genus is divided, will show its peculiarities, whatever they may be. It is extremely important that the active principles (which do not appear to be lost in drying) should be made the subject of a strict, scientific trial at the bedside, and reported upon.

Whilst the order *Compositæ* does afford some plants with active properties, as the *Artemisias, Pyrethrum, Atractylis gummifera, Lactuca*, etc., yet we can hardly regard it as *a family* characterized by remedial powers. If, however, Damiana should prove to possess what is claimed for it, then I regard it as in the highest degree probable that from some allied plants we shall obtain like properties.

I will here add, that, to make sure of my diagnosis of the plant, I sent to Prof. Gray (the latest reviewer of the group) a specimen for examination, and that he has confirmed my conclusions.

CEREBRO-SPINAL MENINGITIS.

BY WILLIAM READ, M. D.,

Of Boston, Mass.

(*See* MEDICAL AND SURGICAL REPORTER, *vol. xxx, page 469; vol. xxxii, page 68, for previous cases.*)

No. 21. —— Knott, aged about twenty-one, four or five days ago had a chill while working in a foundry.

November 7, 1875. Temperature $102\frac{4}{10}$, pulse 80. Has had free catharsis.

℞ Spts. ether nitros., ℥j
Tr. aconit. rad., gtt. xij
Aquæ camph., ℥ij. M.

Take one drachm every hour.

9. Fever well developed; has a good deal of pain in the region of the umbilicus.

℞ Tr. opii camph., ℥iv
Spts. lav. com., ℥j
Tr. hyoscyami, ℥j. M.

One drachm p. r. n., in hot water.

16. Since last record there has been no material change in the symptoms. Patient has had almost constant headache, and a paroxysm of fever twice in the twenty-four hours. Tongue is clean; pulse 47, with occasionally two quick beats in succession. Omit medicine already ordered, and have

℞ Spts. ether nitros., ℥ss
Liq. ammon. acet., ℥ss
Spts. lav. com., ℥ss
Aquæ, ℥ijss. M.

A tablespoonful once in six hours.

19. No change in general condition since last record. Headache continues; pulse 54; tongue clean; action of heart very irregular; occasionally intermittent; it beats fast or slowly, without any regularity. There is no tenderness to pressure in any part of the spine; nor has the patient any pain in any portion of it. Appetite good; the headache is on a line with the base of the brain, and more on the right side than on the left; sleeps well; bowels well. Omit all medicine, and have one grain of ergotin with one-tenth grain extract belladonna every three hours.

21. Pulse 48; tongue clean; has occasional paroxysms of pain, which he refers to a spot just between the eyes, and from thence backward on the line of the base of the brain. Eyesight perfectly normal; hearing normal; sense of feeling and touch normal; sleeps quietly, and as much as usual. Yesterday morning, by mother's account, had an attack of laughing, very much like a hysterical fit; has a good appetite; tongue clean; has frequent attacks of palpitation, sometimes quite severe and annoying. They last but a few seconds, and then subside entirely. For two days past has had a sharp pain extending from the hip to the calf of the right leg, along the course of the sciatic nerve. To-day the pulse shows constant irregularities and intermission. There is no tenderness in any portion of the spine, no hyperæsthesia, no chill. To continue tincture ordered at last visit.

22. Pulse 68, with less irregularity; less pain along the base of the brain, but a little sharper in degree. Right leg is painful when he moves it. In other respects his condition is the same as reported yesterday. Thermometer 100°.

22. Soon after morning visit patient was seized with a pain in the lumbar region, and across the bowels in the umbilical region. This passed off in a short time. Now, 9 P. M., eyes somewhat injected, right more than left; pupils completely mobile under the influence of light; pulse 79, perfectly regular for two minutes; skin moist; no headache at the base of the brain, but a good deal at the very top; excessive pain along the right sciatic nerve. Apply an infusion of capsicum in vinegar, and continue other treatment.

23. Pulse 72, perfectly regular; pain in the right leg gradually subsided, and patient had a comfortable night; no pain at all in his head this morning; continue treatment.

24. Pulse 78; pain commenced again yesterday about 2 o'clock P. M., and lasted till 10 P. M. The remnant of the sciatic pain lasted, in a very moderate degree, till the headache came on, when it disappeared, and has not returned; tongue clean; globe of the eyes sore to pressure, and yesterday had some difficulty in making out small print in the afternoon, but this morning eyesight is normal again; special senses perfect; continue treatment.

25. Pulse 73; has had a little pain in the head, in the old place, but on the whole is improved; has had no opisthotonos, or any tendency to it, from the first; continue treatment.

26. Pulse 73, with one skip at thirty-second beat; ate too much, and had too much company yesterday; had a sharp headache from 2 P. M. till 8 P. M., in the same locality as of old; have:

℞.	Ext. fl., sennæ,	℥j	
	Tr. jalap.	℥j.	M.

Continue treatment.

27. Pulse 66, slight irregularity, but no intermission; no headache; cathartic operated very copiously; about 2 P. M. yesterday the pain in the lumbar region came on again, and has continued till now (9 A. M.); continue treatment.

28. Pulse 72, perfectly regular; had a return of the pain in his head, in the old region, for two hours, from 2 P. M., yesterday; continue treatment.

29. Pulse 72, full and regular, with the exception of one slight retardation of the beat; tongue well; feels the pain occasionally in the sciatic nerve; continue treatment.

December 1. Continues to improve; pulse 68, regular; very little pain in his head; continue treatment.

3. Pulse 68; no change from last record.

5. Pulse 54, with considerable irregularity; no decided intermitting. Patient has been very comfortable since last record, and the improvement in his symptoms, generally, has continued; head almost entirely free from pain, and no pain anywhere else; omit medicine one-half, and have a cathartic dose:

℞.	Ext. fl. sennæ,	℥ss	
	Tr. jalap.	℥j.	M.

7. Reports that he sat up while his bed was made yesterday, without feeling faint. Thi morning, has a slight headache at the top of his head. None anywhere else. Pulse 59. Occasionally there is an interval of comparatively slow pulsation, but there is no intermission. Have syrup pyrophosphate of iron, one drachm, twice a day. Has a small ringworm (Herpes) on his left temple. Apply ung. iodin.

9. Herpes nearly disappeared. Pulse 64, regular. Discontinue ergotin and belladonna. Continue the tonic prescribed at last meeting.

11. Pronounce patient to be thoroughly convalescent.

13. Remains so.

Taken alone, this case has no especial value

as to treatment, but, when viewed in connection with the large number previously reported, it is cumulative proof that the course of treatment laid down upon the fact that ergot and belladonna tend strongly to diminish the supply of blood to the brain and spinal cord, was correct. It is hardly to be supposed that the favorable result in so many cases, so different in their conditions as to age and social condition, could be the result of mere chance. It is much more reasonable to attribute it to the means used.

REMOVAL OF A PESSARY FROM A FEMALE URINARY BLADDER.

BY HARRIETTE A. BOTTSFORD, M. D.,
Of Philadelphia.

Lina D., aged fifty-seven years; German, married; admitted to Woman's Hospital of Philadelphia December 21st, 1875.

Patient commenced to menstruate in her twelfth year, was married in her twenty-eighth year, and gave birth to her only child in her forty-seventh year. Five years ago, suffering from prolapsus of the uterus, she consulted a physician, who, according to her statement, inserted a soft rubber ring pessary; afterward, feeling some discomfort, she returned, and the doctor prescribed a lotion to relieve the irritation.

In August, 1875, suffering severe pain in the hypogastric region, she consulted another physician, who told her the vesical distress was occasioned by a pessary in the urinary bladder, and that an operation would be necessary for its removal, but, doubting the diagnosis, she refused to submit to the operation.

On December 3d she reports having voided fragments of calculi with the urine.

On admission, patient presented an anæmic appearance, and haggard countenance; complained of severe pain on micturition. Upon introducing the sound into the bladder, the characteristic click of a calculus was elicited.

Appetite was good, tongue slightly coated, action of bowels regular; pulse, eighty per minute; temperature, 97° Fahr.; respirations, eighteen per minute. Amount of urine voided in twenty-four hours, sixteen fluid ounces; color, yellow. Sp. gr., 1.019. Reaction, acid; albumen, none.

December 24th, 1875, patient being etherized, Prof. Emeline H. Cleveland dilated the urethra, introduced the finger, and recognizing the presence of a pessary, seized and extracted it with the finger. During the extraction, the pessary broke at the point of seizure. It was found to be a Meig's ring pessary, two and one-half inches in diameter, and was thoroughly incrusted with a calculous deposit. A portion of the incrustation was submitted for examination, to Prof. Rachel L. Bodley, who reported it to be a deposit of amorphous phosphates.

The patient urinated without discomfort, and suffered from no incontinence of urine after the operation.

She was discharged from the hospital December 31st, 1875.

Medical Societies.

NEW YORK MEDICO-LEGAL SOCIETY,

Meeting Feb. 9, 1876.

The New York Medico-Legal Society moved into their new quarters January 27th, the hall of the New York Academy of Medicine, No. 12 West 31st street. For a great number of years past they have held their meetings in the college of Physicians and Surgeons, corner 23d street and Fourth avenue.

After the usual formal business, a lecture was read by Dr. R. O. Doremus, on

Milk in its Medico-Legal Relations.

He spoke substantially as follows:—Next to the attainment of pure medicines, perhaps it might be considered desirable that we should have pure articles of diet; among these none is more important than pure milk. The chief diluent is water; and whether we apply to the vendors or to the fountain-head, it is difficult to say when the water was added or the cream taken away. In our city we have attacks constantly made upon those who distribute the milk, chiefly in small quantities, and we fail to go back step by step until we reach those who perhaps really do interfere with the pure article; and he could state from actual knowledge, having paid many visits to the country and neighborhoods of the city whence our supplies are brought, that he had found that the method we adopt for criticising milk, the employment of the lactometer, is totally unreliable; it is rather a premium on dilution, for the removal of the cream and the addition of water is, he believed, chiefly due to the employment of the lactometer. It does not correctly indicate the purity of milk. He proposed to show where it is in error (though it is so popularly received as a test of purity), and then to demonstrate how, by the employment of this instrument, it becomes a very profitable business, first to remove the cream and fabricate butter from it, and then send the milk to market

diluted with water, which takes the place of cream. We can never judge by its gravity. If milk is permitted to stand, there is a light portion of it which rises to the surface which we call cream; it is lighter, else it would not rise to the top, and it is this cream which interferes with the workings of the lactometer.

In chemistry we test the gravity of fluids by different means, one of the best being the little phial called the thousand-grain phial; and if we try milk by this 1000-grain phial, it gives us the gravity, but not the degree of purity: it is not at all a test of purity. The lactometer, similar to that constructed for the Board of Health, was based upon the same principle of specific gravity as the 1000-grain phial. The Professor then filled a large test-tube with fresh milk taken from the cow an hour or two before, and which he knew to be pure, placed the instrument in it, and the lactometer indicated 105° upon the scale. A thermometer attached to the lactometer indicated a temperature of about 60°. Another tube, filled with cream, indicated with the same instrument a bouyancy of 70°. If we place the instrument, he continued, in milk diluted largely with water, we find that the result will be similar, *i. e.*, it will sink in the milk that is diluted, to a depth equal to the depth at which it sank when placed in the tube containing the cream. Good milk ought to register at least 100°. Hence, as will be evident, it is impossible to determine the purity of the article, as to the gravity, by the aid of this instrument. It is no guide; it is useless and cannot be trusted. Wauklin, a celebrated English chemist, announces, in a work upon this subject, that the lactometer is one of the most unworthy of all instruments that pretend to be scientific. If the lactometer sinks to an enormous depth, we can judge that the milk has been very largely diluted, not otherwise. It is, as before stated, nothing but a premium on fraud. A few days ago he found while experimenting with the same sample of pure milk, that before the cream was removed the lactometer stood at 113°, while after removal it indicated 135°, thus leaving a discrepancy which permitted, nay, indicated the addition of one-seventh of water. He had himself witnessed the operations of the milk people in Orange county, and had seen that they made no secret of the fact that they regularly skimmed off the cream before shipping to the city. The worst was, that by the lactometer pure milk containing cream must be rejected, because the cream being lighter than the milk, naturally the more there was of it the lighter would be the specific gravity of the milk. A gentleman not long since, in Orange county, said to him, "Let the laws of New York establish beyond a question that the lactometer is the official instrument for testing milk, and I will go into the business; but, at the same time, I shall start a butter factory." In Orange county he took samples of twelve cows which were milked in his presence, and five out of the twelve stood below the standard of 100°. They ran 98°, 95°, 94°, 92° and 90°. Now, upon bringing that milk into the city and subjecting it to chemical analysis, he found the fact was owing to its richness in cream. He remarked to the owner that to have brought that milk into the New York market would have subjected him to a fine of $250. So the purest milk must not be sold here; but if they will take off the cream, then it will rise to 120°, 130°, or more, when it will be sure to pass the test of the lactometer!

Now, the great question in the Board of Health is, "What shall we do? What instrument shall we employ?" Of course, a complete analysis will at once indicate the degree of purity of milk; but this process is tedious and very expensive. Mr. Tagliabue, who makes these instruments for the Board of Health, has suggested another method, which he has only partially examined, and that is, to employ a given volume of milk, add an alkali, as, for instance, potash, shake it, add a little acid, acetic will do, then placing the tubes containing this mixture in a water-bath, gradually raise the temperature to 190°, by means of a small spirit lamp; coagulations of the oleine and caseine would follow, rise to the top, and from the thickness of the coagulæ the richness of the milk is estimated.

Probably it will be well to particularize more fully. Take these test-tubes, which can be obtained at any drug store, all of a size. Place them in a row, that so they can be easily observed. Now fill one half-full of pure milk, half of that quantity in the next; and one-half of the quantity contained in the second in the third. Obviously there will be one-fourth as much in the last as there is in the first test-tube. Now place an equal amount of alkali in each; shake well, add an equal amount of acid, and fill up with water until each is equally full, the first tube containing a quantity of the compound equal to that of the milk. Now place all these in a vessel of cold water, place the same over a spirit lamp or other contrivance, in order that the heat of the water, etc., may reach a degree equal to 190°. If now the tubes are lifted out, one by one, it will be observed that number one will contain about one-half a phial of the coagulated mass, and the others containing a proportionate amount to the quantity of milk employed.

He had experimented with this process somewhat, but yet not enough to fix upon any proper standard of coagulability for good milk, as milk was of different qualities in different cows, and in the same cow different qualities at different seasons. He thought, however that this might be a correct guide as to purity, and that a proper standard might be arrived at.

Many physicians, the Professor said, judge of the quality of milk by placing a drop of the sample between two pieces of flat glass, looking at the same through a microscope, and judging of its quality by the number of oil globules therein continued. Fat is held in suspension in the caseine and water in milk in its natural state. The fallacy of thus judging

milk was shown by placing these separate drops of the same milk between different pieces of thin glass, when in one case thousands of globules were visible, and in another scarcely any. This was to be accounted for on the ground that the pieces of glass were drawn together by cohesion or capillary contraction, which in no two cases is of the same power. Therefore, no two specimens thus prepared were exactly under the same conditions, and consequently did not present the same results.

Another method of judging of the quality of milk used by physicians, when wet nurses are to be engaged, is to dilute a specimen with water, and hold it up for the transmission of light. The degree of its lucidity or opacity will enable the physician to form a rough estimate of its richness or poorness. A little instrument had been constructed embodying this principle. It consisted of two plates of glass in a cylinder, with a tiny funnel leading between them. The funnel is filled with milk, which is allowed to run in between the plates of glass, which are then, by means of a thumb-screw, separated to any given extent; and looking through the volume of milk between them, the experimenter can form an idea of its quality from its opacity. He recommended this little instrument for general use by medical men in judging of the quality of milk of wet nurses.

In conclusion, he said that the lactometer had been discarded in every part of the civilized world. In France it was used only as a preliminary test. If it sank very deep, a sample of the milk was taken and analyzed, the method of analysis of a more certain kind being employed, upon which punishment is based. There ought to be some protection against the adulteration of so necessary an article. As the law now stands, dealers, in their own defence, were compelled to defraud the public. He thought it was the special task and opportunity of the Medico-Legal Society to obtain proper legislation upon this point, and he hoped a committee would be appointed to consider the subject.

The President of the meeting, Prof. F. H. Hamilton, said the subject was an important one. He had had a suspicion that the lactometer was not to be relied upon. He remembered well some of Dr. Doremus' earlier experiences in the study of milk by the aid of the microscope. Once a person applied to Prof. H. for a nurse. He sent to Prof. Doremus three nurses. One of them, the Professor facetiously remarked, "looked like an Alderney cow;" still, she was rejected, as likewise was the second; but the third, who presented the most feeble appearance, had the best milk; at least, there was in her milk the largest number of oil globules visible under the microscope. So that he had the conviction forced upon him at this time that the microscope also was not altogether trustworthy. It is very desirable that a method should be agreed upon for determining the quality of milk. He was heartily in favor of the appointment of a committee who should, at the proper time, examine into the subject, and present the question to the Legislature for such action as may be thought fit.

Dr. A. N. Bell, of Brooklyn, being called upon, said that his first observation would be to express his gratification for the full and free opening of the subject by Dr. Doremus. He was almost sorry that he had not gone further into the subject in his suggestions for action by this Society. Several things had risen in his mind causing him to regret that he had not refreshed his memory. He distinctly recalled certain objects which were in the way of the adoption of the plan proposed by Professor Doremus. If he was correct in his recollection, it was shown some years ago that the milk of diseased cows showed a greater number of oil globules than those in perfect health. He believed this to be the case with unhealthy cows fed on swill. The milk of these cows—the so-called "swill milk"—contained a great number of oil globules. Notwithstanding the large number of oil globules contained therein, the milk would be a very unwholesome article. In cows afflicted with the rinderpest the milk has been shown to be completely loaded with butter. He referred to these facts with a view to suggesting to any committee which might be appointed, that it would be well to bear this in mind. He thought it was one of the prime necessities that healthy milk should be obtained.

Dr. R. R. McIlvaine also made a few remarks, urging the necessity of taking some action to secure to the city milk of a prime, wholesome character, without water or adulteration of any kind whatever.

The Hon. George H. Yeaman, of the New York bar, referred to the legal aspect of the case. He thought it would be very difficult to discover precisely who might be at fault in this business of adulteration of the milk sold in this and adjoining cities. To be sure, a line of detectives might be stationed along the avenues through which milk passed from the consumer to the producer, even until the udder of the cow was reached; but this would be an expensive process, and after all not entirely without fallacy. But even were it done, we all know that much of the milk sold in New York city comes from the adjoining States of New Jersey and Connecticut, and therefore the laws of New York could not reach the source of the milk. Therefore the vendor accused of fraud may, with good reason, say that the adulteration might have been performed, not in this State, but in the State from whence the milk was obtained. What can you do in such a case? Evidently there is but one thing, and that is to let the matter drop.

Well, is there any other method of reaching the evil? There is, and in the opinion of the speaker it was the true way. That method was to fine heavily the vendor of the milk who shall be convicted of vending this product, which, by a proper test, is proven to be below a given legal standard. If that were enacted

as a law, then the vendor would be very careful and circumspect in regard to the person from whom he purchased his supplies. Nor would this reactionary influence cease here. Middle-men, finding difficulty in disposing of an inferior article, would cease to chalk or brain their milk, if they are guilty of the crime, and would look to their source of supply. Finally, the producer, failing to find a market for worthless milk, would be compelled to be honest. Therefore, having honesty all along the line, there will be a fair prospect for New Yorkers to obtain that much-coveted article, pure milk.

After considerable further discussion, Dr. George W. Wells offered the following, which, on motion, was unanimously adopted:

Resolved, That a committee of five be appointed to consider the subject of milk in its medico-legal relations, and to determine what action, if any, would be likely to obviate the difficulties and abuses to which Dr. Doremus refers.

The Chair appointed as such committee, Prof. R. Ogden Doremus, Dr. Geo. W. Wells, Dr. Thomas C. Finnell, Dr. R. R. McIlvaine, all of New York city, and Dr. A. N. Bell, of Brooklyn.

It was urged that the above committee should confine their labors to the consideration of the chemical and medical aspect of the subject, after which legal gentlemen will take the question in hand, and frame the draft of the law to be presented to the Legislature for passage.

JUNIATA VALLEY (PA.) MEDICAL ASSOCIATION.

PROCEEDINGS OF THE FIRST MEETING.

In pursuance of previous appointment, representatives of the medical profession from the counties of Blair, Huntingdon, Mifflin and Perry met at Huntingdon, on the 4th instant, for the purpose of organizing a Medical Association for the Juniata Valley. The meeting was called to order by Dr. Rowan Clarke, of Blair. Dr. Sidney Thompson was elected temporary chairman, and Dr. A. B. Brumbaugh secretary. The objects of the meeting were then stated by the chairman. On motion, a committee of four was appointed to nominate permanent officers, and a committee of five to draft and report a constitution and by-laws for the Association. The committee on nominations consisted of Drs. Shaffer, of Mifflin; Gemmill, of Blair; Orlady, of Huntingdon; and Brown, of Juniata, which reported: For President, Dr. Rowan Clarke. Vice-Presidents, Dr. John B. Ross, of Blair; Dr. D. P. Miller, of Huntingdon; Dr. J. I. Marks, of Mifflin; Dr. D. M. Crawford, of Juniata; Dr. O. H. Orris, of Perry. Recording Secretary, Dr. A. B. Brumbaugh. Corresponding Secretary, Dr. A. Rothrock. Treasurer, Dr. Wm. M. Finley.

The report of the committee was accepted, and on motion confirmed. The committee on constitution, etc., consisted of Drs. Ross, Rothrock, Harshberger, Miller, and Banks, which reported a constitution and by-laws, each article of which was read, discussed and adopted. The society was named "The Juniata Valley Medical Association," to consist of the counties of Blair, Huntingdon, Bedford, Juniata, Mifflin and Perry, and is to hold its annual meetings in July of each year.

Dr. R. Clarke presented a pathological specimen. Other business of the society was transacted. All the proceedings were characterized by unanimity and good feeling. The establishing of this Association must result in social improvement and the advancement of medical science in all its proper departments.

Society adjourned to meet at Lloydsville, Blair county, on the 7th day of July, 1876, at which time and place a full attendance and an interesting meeting is expected.

A. B. Brumbaugh, M.D.,
Secretary.

Editorial Department.

Periscope.

Distinguishing Marks of a Nulliparous Uterus.

This important medico-legal question was lately discussed at the Obstetrical Society of London. Dr. Alfred Meadows, referring to the now celebrated trial of the brothers Wainwright for murder, remarked on the extreme importance of being able to diagnose, *post-mortem*, whether or not a uterus had ever borne a child, and on this point he invited the opinion and experience of the Society. In the case referred to, he thought it was probably not too much to say that, if any absolute test existed whereby a positive opinion in the negative could have been given, the whole case for the prosecution must have failed on the first indictment; for it was well known that the person alleged to have been murdered had borne children. He, however, knew of no such test; nor did he think it could be affirmed, on the contrary, that this uterus had ever been gravid, so far as appearances went. The thinness of the uterine walls, which in this case barely exceeded a quarter of an inch, and the distinctly convex shape of the internal aspect of the uterine walls, induced him to the opinion

that this was a nulliparous uterus. Accordingly, the evidence which he gave at the recent trial was to the following effect. 1. That, as a general rule, no absolutely certain opinion can be given by *post-mortem* examination only, even under the most favorable circumstances, on the question whether or not a woman has borne a child. 2. That, on the question of probability, some reliance may be placed on the internal appearance of the uterine walls, especially with reference to their convexity. 3. That, so far as this particular uterus was concerned, there was certainly no proof that it had borne a child; but that, on the contrary, the evidence, doubtful and unreliable as it was, tended rather in the opposite direction, and justified an expression of opinion to that effect.

A New Method of Dilating the Eustachian Tube and Ventilating the Cavity of the Tympanum.

The Doctor says Professor Gruber, of Vienna, has recently made public a new means of obtaining the good effects of catheterization of the Eustachian tube without incurring any of the difficulties or dangers of that operation. Professor Politzer has, as is well known, devised a method having the same object in view. The patient holds some water in his mouth; he introduces into the nose the end-piece of a kind of syringe made for the purpose, and holds it in the nostril, air-tight, with one hand. He then swallows the water, and at the command of the surgeon injects the air in the syringe into the nasal cavity and onward. Air can by this means be driven into the Eustachian tube. Lucœ proposed to effect the same result by replacing the swallowing of water in Politzer's experiment by directing the patient to pronounce the vowel *a* (as in *f*ather) and then injecting air. Professor Gruber finds that pressure of the root of the tongue against the most posterior part of the palate during a strong expiration presses the soft palate upward and backward, and thus completely closes the fauces, and thus the exit of air through the nose and mouth is entirely prevented. This requires, however, in some persons a little more care than in others, and, consequently, instead of a simple expiration, it is often desirable to make the patient try to pronounce, during vigorous expiration, the sound *kck* or *hck*, introducing between the consonants various vowels, as *kack*, *heck*, *kick*, *hock*, *huck*, etc., until the sound is got which most effectually produces closure. During this manœuvre air enters the tube, and the tympanum will often be felt affected, as in Valsalva's experiment. Professor G. utilizes these facts as follows:—The surgeon places himself before the patient, introduces into his nose the end of the nose-piece of the syringe, and closes the nostrils over it hermetically with two fingers. At the word of command the patient pronounces one of the syllables (*kick*, etc.) as above, and at the same moment the surgeon injects air. It is perceived at once to enter the tube with a distinct sound, which can be auscultated by the otoscope, and, in cases of perforation, produces the usual sound. These and all other signs of the entrance of air into the tube are present, and prove the success of the operation. If the head be bent well to one side during the operation, the upper ear is almost always the one into which the air enters, and it does so more easily than when the head is erect.

Diagnosis of Hemorrhage and Embolism.

Dr. O. Gelpke, quoted in *The Doctor*, in the *Archiv. der Heilkunde*, gives the following points to be kept in mind in the diagnosis of cerebral hemorrhage and embolism:—

Apoplexy.	*Embolism.*
Atheroma of Arteries.	Youth.
Hypertrophy of left ventricle.	Previous articular. Rheumatism.
Contracted kidney.	Cardiac valvular deficiency.
Emphysema.	
Intemperance or other debilitating habits.	Previous disease leading to formation of clots.
Prodromal phenomena.	
Incomplete pareses.	Complete absence of prodromata.
Ataxic aphasia.	Extensive muscular paralysis.
Symptom of cerebral prepon.	
Indication of cerebral congestion during the attack.	Amnesic. Aphasia.
Disappearance of the residual disorders after a time.	Symptoms of other arterial embolisms.
Involvement of the intelligence.	Very rapid or quite imperceptible disappearance of the residual disorders.
Reaction stage.	Striking retention of earlier mental power.

Of course no one of these symptoms is pathognomonic by itself; but each in combination with others may be of some value.

Treatment of Perforations of the Membrana Tympani.

Dr. C. J. Blake, in the Boston *Medical and Surgical Journal*, describes a method of treatment in certain cases of perforation of the membrana tympani, consisting in the application of pieces of sized paper large enough to cover the opening, and sufficiently moistened to insure their adherence to the membrane. The treatment is applicable only to those cases where there is no discharge into the tympanic cavity, or where it is so slight as to escape rapidly through the Eustachian tube without discharging through the perforation in the membrana tympani. The application of the paper covering possesses this advantage over the usual treatment by incision of the edges of the perforation or the touching with caustics, that it keeps up a slight irritation of the parts, favoring a cicatricial growth from the edges of the perforation, and at the same time affords a protection to the new tissue. The hearing, also, is usually improved, immediately, and in favorable cases the paper remains in position until the opening has completely closed, when it is removed by the natural process of reproduction of the dermoid coat of the membrana tympani, without the necessity for mechanical interference. Should the paper come away before the closure of the perforation is com-

pleted, it is easily reapplied, and cases in which this has occurred show a change in the shape and diminution in the size of the perforation with each successive application, evidencing continued growth of cicatricial tissue. Ordinary writing-paper, of varying thickness, may be employed, according to the size and position of the perforation. The paper, cut a little larger than the opening in the membrana tympani, should be moistened, and may then be applied, by means of a pair of fine forceps or a cotton-tipped probe, dipped in water. The sizing of the paper, well moistened, is sufficient to secure the proper adherence of the paper, the patient being warned not to inflate the middle ear for at least forty-eight hours after its application.

On Sarcoma Uteri.

Professor Simpson, in the Edinburgh *Medical Journal*, says:—

In most cases these growths give rise to a marked degree of hemorrhage. The usual monthly discharge becomes exaggerated, or bleedings come on in the intermenstrual interval, or they are set up in women who had passed the menopause. These hemorrhages are easily intelligible when we bear in mind that the tumors are always vascular, sometimes channeled with large and thin-walled blood-vessels; and that from the softness of their texture they are easily broken down. But, in certain cases, the tendency to hemorrhage is not pronounced. There is usually, however, a marked degree of leucorrhœal discharge. The succulent and sometimes suppurating surface of the tumor itself, and the thickened and expanded mucous membrane lining the cavity in which it lies, furnish a free secretion of a pale, rice-watery, or more yellow fluid, which, in any case, may for a time disappear, though it is almost never absent (only in Leopold's case, where the tumor developed in the cervix) throughout the entire history of any case. This discharge will, for a long time, be odorless, but it acquires something approaching to the disagreeable odor of the cancerous discharges in the more advanced stages of the disease, when fragments of the tumor are squeezed into the vagina, and lie within the canals till they decompose. We have seen that the mischief may develop in women who have borne children; but after it has appeared the reproductive function of the organ is at an end. For I know of no case of the concurrence of pregnancy and sarcoma uteri, such as we sometimes meet with in myoma or carcinoma: probably from the circumstance that the sarcomatous growths always affect the interior of the uterine cavity. There has been some diversity of opinion as to whether this affection is attended with pain or not. My own impression is, that pain is not a usual symptom of it, any more than we can speak of pain being a usual symptom of a fibrous polypus. In both cases we may have suffering from the enlargement, or from intercurrent inflammation in the uterus or around it, or, what is still more common, we may have pain from the muscular contractions set up from time to time in the walls of the uterus for the expulsion of the neoplasm. But all this is different from the uncertain, unprovoked, sharp stinging pain to which a cancerous patient is subject. More particularly I have been struck with the difference between the pain complained of by those patients who are the subject of intra-uterine sarcoma, and the intense, paroxysmal attacks of suffering, coming on sometimes with a marked degree of periodicity, which Sir James Simpson used to point out as characteristic of intra-uterine cancer. In addition, there is disturbance in the functions of neighboring organs, differing in degree in different cases, according to the size and situation of the neoplasm and its bed. Sooner or latter the repeated losses of blood or the continued drain of watery discharge begin to tell on the patient's general health; and when the disease has advanced toward its final stages, it usually develops in the sufferer a condition of general cachexia.

The physical examination of a patient with such a train of symptoms would discover some degree of uterine enlargement, varying according to the size of the morbid mass occupying its interior. It is rarely so large as to form an abdominal tumor, except where we have to do with a myo-sarcoma, or a fibroid tumor undergoing sarcomatous degeneration, when we may find a supra-pubic mass of considerable dimensions, with the vascular bruit and other characteristics of such growths. Where the growth springs from the cervix, or the uterus has become inverted, a polypoidal body will be felt occupying the vagina. The uterus, though enlarged, remains freely movable, unless the tumor be so great as to cause some impaction in the pelvis, or inflammatory adhesions have formed among the pelvic organs, conditions which are both comparatively rare in the true sarcoma. The sound will pass without difficulty into the interior of the uterus, and detect the extent of increase of the cavity and the presence of a foreign body in which bleeding is easily excited. But it is only when the canal is dilated with a tent—and, as I have shown, the textures are so soft and expansible that a single good-sized sponge-tent may suffice for the dilatation—that the size, consistence, and attachments of the new growth can be discovered, and that a fragment of it can be obtained for microscopical investigation. It is in this way alone that an exact diagnosis can be made out.

Treatment.—Patients who are the subjects of it are not to be abandoned to a hopeless do-nothingism. Where the mischief is in an early stage, and in any case where we have it in a polypoidal form, it should always be removed, to give immediate relief from suffering, and with the justifiable expectation that, for a time—it may be for years—the progress of the malady will be arrested, and the patient restored to comparative health. It may even be of service to her to repeat the operation more

than once. In the pediculated forms the growth may be removed with the écraseur or galvano-caustic wire; but sometimes, as we have seen, it is too brittle, and requires to be broken down and removed piecemeal. In such cases, and in cases of the diffuse sarcoma where the extirpation can be attempted, it may be carried out with the curette, fenestrated like Recamier's, or cup-shaped like Simon's. In any case, it is desirable to lessen the immediate hemorrhage by free application of perchloride of iron and hypodermic injection of ergotin. The profuse and sometimes fetid discharge can be controlled by astringent and disinfectant injections; and the patient's general health will be kept up by a generous diet, and the administration of tonic remedies.

Uterine Hiccough.

Dr. H. Fritsch writes to the *Medical Times*:—

An article on "Uterine Asthma" recalls to my mind a case of obstinate singultus, dependent upon uterine disease, which came under my observation at Vienna two years ago.

The patient, a young married woman, previously in good health, had been suffering from hiccough for three months. No cause could be assigned. The paroxysms would come on at irregular intervals every day, and disturb her more or less during the night. The menstruation was not disordered, but with it the trouble exacerbated. A great variety of therapeutics heretofore resorted to had failed to give permanent relief, and the patient's health was now evidently suffering.

A per vaginam examination was finally made, and revealed excoriations at the portio vaginalis uteri, with moderate cervical catarrh. In every other respect the reproductive organs were found to be healthy.

Local treatment with the solid nitrate of silver was at once resorted to, resulting in the prompt arrest of the hiccough, and ultimately in a complete cure of the primary disease.

This case, cited as one practically important, further illustrates, in a striking manner, reflex manifestation.

Treatment of Gonorrhœa.

In the Cincinnati *Lancet and Observer*, Dr. Minor gives some comparative cases of the treatment of gonorrhœa. He concludes:—

Other cases might be mentioned, but let the foregoing suffice, as in all the result was about the same. In every case the too long use of the injections used was carefully guarded against, and the patient received the usual directions regarding diet, etc., generally laid down in the text-books on this special subject. The reader will at once see that the duration of a case of gonorrhœa is quickly shortened when copaiba is used in place of oil of sandal. In case of gleet, on the contrary, the oil of sandal far excels the balsam of copaiba, and all injections may be omitted also while the sandal is being used.

The following conclusions in regard to the relative value of the two drugs in the treatment of gonorrhœa and blennorrhœa, are drawn from my experience with these agents:—

1. In cases of acute gonorrhœa occurring in strong and healthy persons, without any tendency to kidney trouble or gastric derangement, the use of balsam of copaiba will be found to be the most satisfactory, as compared to sandal-wood oil.

2. In cases of gonorrhœa which show a tendency to become chronic, and in which the continous use of copaiba has caused irritation of the kidneys and a gastric derangement, sandal-wood oil may be substituted with great advantage.

3. In cases of obstinate gleet, oil of sandal-wood in large and long-continued doses will, without the aid of other means, completely cure the malady.

4. Sandal-wood oil is agreeable to the taste, and creates no nausea, nor does it communicate a disagreeable odor to the breath and urine, as in the case of balsam of copaiba.

The Theory of Tuberculosis.

In the *Berlin. Klin. Wochenschrift*, supported by post-mortem observations and experimental investigations, Dr. Orth maintains the truthfulness of the theory of the inoculability of tubercle. He gives a short résumé of seven cases, in each of which there were cheesy tubercular central points, in the pulmonary parenchyma, in the neighborhood of a bronchus, in the bronchial glands, in bone, or the intestine. In the immediate vicinity of this central mass there was further tubercular deposit, thickest toward the centre, and more sparing toward the periphery. The relation of the peripheral tubercles to the central focus was shown by their arrangement, their being grouped round the centre, their character as recent products, and the transitions from the small gray transparent nodes of the periphery to the older yellow nodes of the centre. Specially instructive is a case of pulmonary phthisis, in which there were numerous isolated tubercular foci, among them one undergoing calcification, and tubercular ulcers in the intestine, and around each centre abundant formation of tubercle had taken place. One of the intestinal ulcers was in the rectum, at the part corresponding to the recto-vesical fossa, and had extended close to the peritoneal coat. There had been produced in consequence false membranes, of some standing at the time the patient died, between the intestine and the bladder, and there were fresh tubercles in the false membranes.

Friedlander's view, that in such cases the tubercles in false membranes are deposited simultaneously with those which produced the ulcer in the intestine, is contradicted by the case cited above, as it is evident that the false membranes were due to the ulceration of the intestine produced by the tubercle primarily

deposited there. Orth believes that general infection of the system from one or several such centres, especially those which are breaking down, takes place through the blood-vessels. The localized extension of the tubercle he believes to be produced not only by the mechanism of the blood-vessels, but by the lymph and chyle channels, and by simple contact with a tubercular surface.

In the experimental part of the investigation, Friedlander's skepticism regarding the identity of inoculated tubercle with ordinary tubercle, is opposed. In conclusion, a case is adduced in which cheesy tubercle was introduced into the peritoneal cavity of a cat. First, where the omentum had adhered to the wound, and then on other parts of the parietal and abdominal walls, discrete tubercles had formed, which, when compared with tubercle from a phthisical subject, examined fresh, showed a perfect similarity.

Treatment of Diphtheria.

Dr. J. S. Benson writes to the Canada *Lancet*:—I take the liberty of placing before your readers the treatment which has proved in my hands not only very efficacious, but almost a complete specific. For the last twelve or thirteen years we have had unequaled opportunities of watching the disease in all its stages, from the mere fibriny whiteness of the palate and tonsils to the complete obliteration of the palatine arch by false membrane internally, and the enormously enlarged sub-maxillary and parotid glands externally, which sometimes suppurated; death resulting in some cases from the mechanical obstruction to respiration, and in others from pure blood-poisoning as manifested through the nervous system; the local symptoms in the throat having to a great extent disappeared, leaving both food and air passages perfectly free and open.

When called to a case of diphtheria, I first of all clear out the bowels by a dose of calomel, followed in a few hours by a little senna or Rochelle salts. If there is much heat of skin, as will be shown by the thermometer, a warm bath will give very great relief; and after the bowels have been freely acted upon I commence with the chlorine water. To patients from ten to twelve years and upward I give one tablespoonful; from six to twelve, one dessert-spoonful, and under six, one teaspoonful, every three hours. In all cases it should be given without any addition of water. A towel saturated with cold spring-water is to be applied to the throat and neck, the cold renewed as the towel becomes warm. The patient is to have small pieces of ice on a plate by the bedside, a piece of which is to be kept constantly in the mouth. The diet should be nutritive; beef tea, milk, eggs, and such like; but no stimulant is required, unless the prostration should be alarming. In some cases which are mild, and occur in young children, a mixture containing tincture of iron, chlorate of potash, and dilute hydrochloric acid, may suffice to cure, but in no case can the same dependence be placed in it as chlorine water.

Notwithstanding the opinions of Greenhow, Brettonneau, and others of equal celebrity, as to the efficacy of caustics and gargles as topical agents, I must humbly beg leave to differ entirely with them, and disapprove in *toto* of such proceedings. I most assuredly believe them not only to be of no value, but in many cases positively injurious. If we look upon diphtheria as a blood-poison, which it undoubtedly is, we must, if possible, find an antidote and administer it. I believe we have it in the above mixture. Can we expect to cure it by a little nitrate of silver locally applied, and giving a little tonic medicine? Here is a disease, a poison in the blood, manifesting itself and increasing so rapidly in a part the free passage through which is indispensable to life, which, if not arrested, will in a few hours place the patient beyond the reach of human aid. It is not a disease which we can allow, as some fevers, to run a definite course, merely supporting the strength and guiding it to a certain turning point. Such would, I think, be a dangerous experiment in diphtheria.

The Nitrates as Water Purifiers.

The *Scientific American* informs us that Dr. Mensel states he has observed that, in many cases at least, the nitrates have been converted into nitrites through the action of bacteria. The following facts sustain this theory: well-water containing no ammonia, and when fresh no nitrites, but some bacteria, after standing a fortnight gave the reaction for nitrites. In this case, the nitrates were the only nitrogenous compounds in the water when it was fresh. Salicylic, carbolic, and benzoic acids, alum and table salt, in short all antiseptics and antizymotics, hinder or retard the formation of nitrites. Water containing nitrates did not, in the presence of bacteria, produce nitrites; they appeared in from two to fourteen days after adding some carbohydrate, as sugar, gum, or starch. A few other carbonaceous compounds convert nitrates into nitrites, but slowly and weakly. Antiseptics stop this decomposition.

Freshly-distilled water, boiled with sugar and saltpetre, and sealed up while boiling, contained no nitrites after standing for weeks, because no putrefaction can take place without bacteria. Putrefying albuminous substances, brought into contact with nitrates, yield nitrites.

Croton Chloral

Is the hydride of bichloro-crotonyl ($C^4H^2Cl^3$ OH), or the aldehyd of crotonic acid (C^4H^5O, OH), in the radical of which three atoms of hydrogen have been replaced by three atoms of chlorine. It is unquestionably a valuable hypnotic in doses of ten to fifteen grains, and fully realizes that which its discoverer (Dr. Oscar Liebreich, of Vienna) claimed for it in his papers on the subject. It is especially useful in facial neuralgia.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"Electricity, as used in Parturition, Post-partum Hemorrhage, and Resuscitation of Newborn Infants." By Alexander Murray, M. D., L. R. C. S., Edinburgh. New York.

This use of faradization is exceedingly novel, and creditably advocated. The author employs it in cases of inertia or to intensify the action of the womb, as a substitute for ergot, preferably so in view of its speedy impression on the system, and the latitude thus allowed of continuing or intercepting the contractions, if advisable. In hemorrhages post-partum, the current, by stimulating the fibres to contraction and keeping it tonic, acts like a compress. For asphyxia neonatorum, this method promises much.

——Report of State Hospital for the Insane, Danville, Pa., 1874–75. This is the third annual report of the institution. We note with pleasure the aim of the management to persuade by kindness, and to forego any annoying limitation of the patient's freedom.

——"The Identification and Microscopical Examination of Crude Drugs." By Mark W. Harrington, M. A. Ann Arbor, 1876. This pamphlet is designed as a key to the inspection of vegetable products, and to defend them against adulteration. It contains valuable suggestions to the botanist, and clearly-arranged tables.

——A course on Zoölogy is projected at Cornell for next summer. The collection of specimens is already quite large. Embryology is a feature of the course. The instruction is to consist of thirty-six day and nine evening lectures, with laboratory exercises. The specialization of Zoölogy in this way from the other sciences is only in keeping with the "wide-awake" spirit of investigation that stamps Cornell.

——The *Nation* says it is proposed to publish a life of the late Dr. S. G. Howe, in raised letters, for the use of the blind; certainly a most fitting monument. The same biography will be printed in the usual manner in a memorial volume, together with the late memorial addresses at the Boston Music Hall. Subscriptions to the fund for defraying the expenses of these publications may be sent to the Hon. James Sturgis, treasurer, Boston. Those to the amount of five dollars will entitle the donor to a copy of the memorial volume.

——In *Lippincott's Magazine* for March, Rebecca Harding Davis contributes a striking description of our "Life-Saving Stations," in which she vividly pictures the dangers of our coasts, and the valuable service performed by the brave men employed by the Government to save life and property from the wrecks that occur with such frequency.

——"Administration of Digitalis in the Weak-Heart of Continued Fever." By E. T. Easley, A. M., M. D., Little Rock, 1875. This monograph is a very logical endeavor to prove the necessity of strengthening the muscular walls of the heart in adynamic fevers, and the author discovers in digitalis a tonic for such cases. The therapeusis of this drug is a handy and much hackeneyed topic for medical writers, but we confess to an unusual interest in this essay, and pronounce the arguments clear and sensible.

——"Introductory Lecture," Woman's Medical College of Pennsylvania. By Prof. Rachel L. Bodley, A. M. The basis of this address is the evolution of chemical knowledge, and the history of chemical notation. An entertaining résumé of that progressive science.

——"Management of the Gouty Temperament." By Alfred Canell, M. D., 1876. No definite line of treatment is here urged, and sensibly so, for a disease whose precise pathology is so obscure. "Pure water" is recommended as an eliminative, and a mild catharsis advised. For the "high liver, moral suasion, not physic," is the remedy which we heartily prescribe.

——A Biographical Sketch of Dr. John D. Jackson, of Danville, Ky., prepared by Drs. Toner and McMurty, is before us. This is a worthy tribute among many that have been tendered to the character and services of a surgeon whose energy and thought early shaped him as a scholar, whose skill and acquaintance with anatomy conspired to make him a successful operator, and whose conversation with literature and advanced ideas gave to his many papers on medical science so real a value.

——Fifth Annual Report of Board of Directors of Children's Hospital of District of Columbia, 1876. The records of the Board show an

admission of 4233 patients from February 11th, 1870, to November 30th, 1875, with the small mortality of 12 per cent. among the children received (428).

——Transactions of Medical Society of District of Columbia, 1875. Vol. ii. This number commences with a discussion on a case of cardiac hypertrophy with a very loud mitral murmur. The atheroma of the aortic valve seemed insufficient to explain the sudden "taking off" of the subject, and a rigid examination proved regurgitation from the left to the right auricle, as the foramen ovale was found open. An article on "Aneurism of the Aorta," followed by an interesting description of a "cyclops" and an encephalous monster, completes the Transactions.

——It gives us pleasure to announce a forthcoming work with the following title:—"Civil Malpractice:" A Treatise on Surgical Jurisprudence, with Chapters on Prognosis in Fractures, Negligence and Medical Evidence, by Milo A. McClelland, M. D. It should be one of much service to both professions.

BOOK NOTICES.

The Medical Jurisprudence of Insanity. By J. H. Balfour Browne, Esq., of the Middle Temple. Second Edition, with reference to the Scotch and American Decisions. Philadelphia, Lindsay & Blakiston, 1876. 8vo, pp. 713.

Mr. Browne's name is quite familiar to readers of the *Journal of Mental Science*. For years he has given much time to the study of insanity in its literary, historical, and legal aspects, and has presented the results of his studies in that and other journals in a style somewhat odd and strained, but forcible.

The same width of reading and incisive sentences are present in the volume before us, and give it a character quite its own. He examines the different forms of mania, following in its main features the classification suggested by Esquirol. The conclusion that the author reaches on the vexed question of criminal responsibility is that when the criminal knows that certain acts are permitted by law and certain acts are contrary to law; and further than this, has the power to appreciate, and the capacity to be moved by the ordinary motives which actuate mankind, in that case he should be held legally accountable for his misdeeds.

This opinion is sensible and to the point; if carried out in this and neighboring commonwealths, it would do away with the acquittal of opulent murderers, who can always secure alienists of prejudiced, material views, who see in the act itself a proof of madness.

So, also, Mr. Browne recognizes, with some of the best legal authors, that suicide is no proof of unsoundness of mind, although, some recent medico-psychologists, inveterate hobby-riders, would persuade us that all who make way with themselves, or try to do so, are mad.

These brief notices of the author's views will, we are sure, recommend the book to intelligent and unbiased readers. They will find it both entertaining and learned. An excellent index and a lucid arrangement in paragraphs add to its value.

Inhalation in the Treatment of Disease. Its Therapeutics and Practice. A Treatise on the Inhalation of Gases, Vapors, Fumes, Compressed and Rarefied Air, Nebulized Fluids and Powders. By J. Solis Cohen, M. D., etc. Second edition, revised and enlarged, with many new illustrations. Philadelphia, Lindsay & Blakiston. pp. 392. Price $2.75.

The thorough manner in which Dr. Cohen finishes his contributions to scientific literature is well borne out in the present edition of his work on inhalation. The volume is enlarged from its previous size, not by the easy method of detailing cases, but by judicious summaries of late studies on the subject in hand, and by the description of new apparatus designed to render this method of medication more facile and certain. A number of additional illustrations have been introduced, to render the mechanical contrivances referred to more readily understood. The subject of compressed and rarefied air as a therapeutic means is here treated for the first time in American medical works with something like the fullness its advantages warrant. There is a future before this method which will probably place it very high in the alleviation of certain chronic diseases of the thoracic viscera.

An exhaustive index completes the volume, which renders it easy to consult, and will aid in making it the leading monograph on inhalation for a number of years to come.

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Issued every Saturday.

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FURTHER REMARKS ON PROSTITUTION.

It is not amiss to call the attention of the profession to one point in the report of the Select Committee appointed by the Legislature of New York, in 1875, to investigate the causes of the increase of crime in the city of New York. That Committee did their work thoroughly. They examined the four Commissioners of Police, the Superintendent, two out of the four inspectors, and a number of captains; nearly all the police justices, and many of the clerks of criminal courts; two of the coroners and one ex-coroner; the District Attorney (in part only, as that official declined to appear before the Committee when subsequently invited, for reasons stated in the correspondence on page 2972 et seq.); the three Commissioners of Charities and Correction, and many of their principal subordinates, and the heads of the various private corporations to whose custody criminals are committed. The Committee visited in person all the penal institutions under the custody of the Commissioners of Charities and Correction, *i. e.*, the City Prison, the Penitentiary, the Workhouse, the School-ship Mercury, and Hart's Island, and also the House of Refuge, the Catholic Protectory, and the Juvenile Asylum. In each of these institutions, after a thorough personal inspection, the Committee swore on the spot the principal witnesses attainable. In some cases inmates of the institutions were examined touching their treatment and mode of life.

We mention these details to show that what they recommend is not the result of prejudice or theory, but of earnest work and practical study.

Now, what does the Committee have to say on the curse of prostitution, which is so terribly rife in New York city, which is increasing year by year, and which is spreading its malignant diseases more and more into innocent households? This is what they say:—

"Speaking of the general belief among the public that nearly all of the police captains are in the habit of levying blackmail on women of ill-fame, the report adds:—

"'Brought face to face with this fact, the question remains for the legislative body of this State to decide whether or not it is wise to continue the nominal, legal ban under which prostitution is placed, to close the eyes of the lawmaking power to a fact which their hearts cannot ignore, and putting aside all considerations of local welfare, of the greatest happiness of the greatest number, to go on in the future as they have in the past, taking no steps toward permanent or healthy reforms. Whatever may be the odium incurred by the suggestion among honest people who have not mingled with the world, who are ignorant of its passions and of their fatal effects, the committee are willing to take it upon themselves in earnestly recommending to the Legislature the regulating or permitting, or, if the word be not deemed offensive, the licensing of prostitution. In the interest of the well-being, the decorum, the decency of society; in the interest of the peace and happiness of by far the greatest number of people; in the interest of the preservation of the purity of the guardians of the public peace; in the interest of public health, and for the sake of thousands yet unborn, the Committee earnestly urge upon the Legislature, as the only means of grappling with the social evil, the granting to the police the power of regulation, of localization and medical visitation. What fees, if any, should be paid should be left to the judgment of the Board of Commissioners of Police.'"

This but reëchoes, but with decupled force,

what unprejudiced, honest investigation has come to in this country and Europe. Sad to relate, this most needed and urgent reform is impeded and opposed more by Pharisees who boast of their religion, and medical men who claim superior virtue, than by true Christians who have at heart the spread of real charity, and physicians to whom the health of the public is the highest concern.

It pains us, not for ourselves, but for them, to see the narrow, bigoted attacks made by the Pacific *Medical Journal*, and others, on the position the REPORTER has assumed in this question. The good of the community, the prevention both of disease and of vice, restraint by law, not indifference and police blackmailing, are what we contend for.

No time is more appropriate to test the public efficiency of the police surveillance of prostitution than this summer, in this city. It is notorious that a very large influx of visitors always attracts a still larger proportion of abandoned women. If false sentiment, biased views, and ignorant religion prevent a medical, let us have at least a stringent police management of this misguided and injured class of the population.

NOTES AND COMMENTS.

Vagabonds' Disease.

Not long since, at a meeting of the Clinical Society of London, Dr. Greenhow introduced a patient presenting such marked pigmentation of the skin that he had been sent to the hospital as a case of Addison's disease. He was a pauper, about 60 years of age, and had doubtless been long exposed to the influences of dirt and vermin. Most of the regions chiefly affected in Addison's disease were here very deeply pigmented; but some symptoms, as vomiting and breathlessness, which might be attributed to constitutional disturbance, were accounted for by cardiac disease. Possibly some cases, erroneously described as Addison's disease, without supra-renal affection, were examples of this kind of pigmentation, which Dr. Greenhow proposed to style "morbus erronum." The pigmentation, however, was more mottled and less uniformly distributed than in Addison's disease. Moreover, the face and hands were least discolored, and repeated applications of detergents had diminished considerably the depth of tint.

Dr. Greenhow said that, ten years ago, at the Pathological Society, he had exhibited examples of this malady, which he called "Vagabonds' Disease." The Germans had since adopted the term; but, as it could not well be placed over the patient's bed, or in his sight, he had lately used the title, "morbus errantium."

Singular Vital Statistics.

It is wonderful how large is the increase of wounded soldiers each year since the war, according to the Pension Office rolls. Not less marvelous is the extraordinary longevity of the survivors of the war of 1812. That was not a great war; not many troops were engaged, and no very large force mustered into the service of the United States, and the war came to an end almost sixty-one years ago. Yet the Commissioner of Pensions reports 15,875 survivors of that war on the rolls of the pensions. Very few, indeed, of these can be less than eighty years of age, and the number must be nearly if not quite ten per cent. of the whole force mustered for service. If the veterans of the late war of the rebellion prove so tenacious of life, nearly two hundred thousand of them will survive in the year 1926.

On Absorption by the Human Diaphragm.

Dr. Arcadius Rajewsky, of St. Petersburg, has made experiments with the human diaphragm, by which he obtained the following results:— 1. The normal diaphragm absorbs fluids and such substances as there are dissolved in these. 2. If the diaphragm be inflamed, it allows fluids coming into contact with it to pass its system of vessels more easily. 3. When an inflamed diaphragm becomes injected, it will be seen that the intercellular spaces are connected with the lymphatic capillaries, and that they form peculiar canaliculi in the connective tissue. 4. After the removal of the epithelium of the serous membrane, there are opened new avenues for the transportation of fluids, by the intercellular canaliculi commencing on the surface of the membrane.

Treatment of Typhoid Fever.

In a late discussion of this topic at the Dublin College of Physicians, Dr. Grimshaw remarked that his practice was to leave the patient as much as possible alone. Unless the diarrhœa was excessive, we should be cautious about checking it; but in the recent cases of enteric fever he had seen the bowels were usually confined. He had tried the cold-water treatment, and he did not intend to try it again. No doubt it cooled the patient, but the question was not yet settled whether high temperature *per se* was dangerous. Temperature could be more safely reduced by quinine, which would also act as a tonic, and he found it of the greatest possible value in most cases of enteric fever. He believed the mortality in the hospitals in which cold water had been tried was much higher than that of the Dublin hospitals. He had not seen any patients that he would be inclined to bleed. His views were approved by most of the members present.

Dulcamarine.

M. Geissler has obtained from the stalks of *Solanum dulcamara* 0.38 to 0.4 per cent. of a definite non-azotized amorphous body, which he calls *dulcamarine*. It is a glucoside, for on boiling with diluted sulphuric acid it gives glucose, and 62 to 64 per cent. of *dulcamarétine*. He believes Wittstein's dulcamarine to consist of albuminoid bodies mixed with a small proportion of the above.

When Not To Sound.

Dr. Cohnstein gives the following contra-indications for the use of the uterine sound, in the order of their importance:—1. If there is a suspicion of pregnancy; 2. If there be great general irritability; 3. If the uterus be very sensitive; 4. In inflammatory conditions of the uterus and its adnexa; 5. When the uterus is fixed by adhesions.

Silicate of Potash in Erysipelas.

La France Médicale gives an interesting account of this method of treatment, devised and successfully carried out by Professor Alvarenga, of Lisbon. It is the result of physiological experiment, and not of mere empiricism, the Professor having tried the drug first on himself. When applied to the skin, immediately a sensation of coolness and retraction is felt, the skin becomes pale, most markedly so if it has previously been red and congested, and thermometric observations show a decrease in temperature. Forty-eight cases are reported treated by this method alone, all of which recovered in periods varying from four to six days from the commencement of the application.

On "Damiana."

We ask particular attention to the important article on Damiana in this number, by Dr. Rothrock. It is a most thorough paper, and dispels wholly the mystery which charlatanism has endeavored to throw around this drug.

Correspondence.

Quinia as an Oxytocic.

Ed. Med. and Surg. Reporter:—

In the Reporter of the 19th inst. Dr. Wolfe, of Corydon, Indiana, in reviewing the question of the asserted oxytocic power of quinia, refers to the cases which I reported in your issue of January 9th, 1875, and decides that the premature labor therein alluded to occurred not from the effect which quinia had upon the system, but from the intermittent fever under which the patient labored. He bases this decision upon the fact that the remedy was employed in what he considers insignificant doses, the "quantity being too small to have any decided effect in any kind of intermittent." I believe it to be a fact that all medicinal agents produce greater or less impression upon different persons, because of differences of constitution or idiosyncrasy, and other modifying conditions so well known to the profession as to render reference to them unnecessary. It is also true that patients may be placed thoroughly under the influence of quinia without curing their intermittent, examples of which I have seen several times, both in the South and West. In treating intermittent fever I frequently give twenty or thirty grains at a dose early in the morning, following it up with smaller quantities, as the nature of the case may demand, but where the system is readily impressed by moderate amounts, I see no necessity for the administration of large doses, and the manner of administration in the cases referred to was sufficiently energetic, so far as the value of quinia as an anti-periodic was concerned, as larger quantities was in other instances in which great tolerance of the remedy was evinced. I distinctly stated that my cases *had been brought under the influence of the quinia*. Further, upon reference to my note-book, I find that the relapse in my first case was cured, after her confinement, by the same plan of treatment which I adopted before it, a fact which shows that such small doses

did have some effect, so far as her case was concerned.

Dr. Wolfe further surmises that my cases did well in the succeeding pregnancies because their intermittents were cured by arsenic. I do not think his conclusion is correct, by any means, as instances have frequently come under my notice, among the more ignorant class of Southerners, of pregnancy complicated by intermittent fever in which no systematic course of treatment was persevered in, and where the women went on to full term notwithstanding the disease, and this in cases of much greater severity than those in question. In fact, I have never looked upon intermittent fever as being likely to produce any more trouble during pregnancy than at another time. Besides this, the therapeutic effect of quinia and arsenic differ materially. I never hesitate to use arsenic freely during pregnancy, but further experience since writing the former paper has strengthened my opinion that the miscarriages were produced by the quinia, and much as I value it, I am exceedingly cautious in using it where any tendency to abortion is evident. From repeated experiments I am satisfied that quinia will produce decided uterine contractions *during* labor, and the same opinion is held by professional friends whom I have been able to interest in this direction. I am convinced of its value in this respect in cases showing a tendency to relaxation after delivery, and consequent liability to hemorrhage, and it appears probable that the uterus might be affected by quinia as readily at one time as at another. I only, of course, give my own limited experience. Why others say nothing about it I cannot tell, except in the case of the United States Dispensatory, which, to all practical intents, is merely a reprint of former editions, with deplorably meagre additions. Wm. R. D. Blackwood, M. D.
246 *North 20th Street, Philadelphia.*

[From Another Correspondent.]

Ed. Med. and Surg. Reporter:—

At least three different physiological effects can be obtained from this drug. In doses up to two grains it is a tonic; from this to five grains it is a stimulant, and from this to ten grains or more it is a diaphoretic relaxant and calmative—a febrifuge. The amount of twenty-four grains distributed over twenty-four hours may have some antiperiodic effect in a mild type of ague, but will prove very disagreeable to the patient, on account of cinchonism. If he has any headache it will aggravate this symptom. If this amount be divided into three doses and taken within four hours, at any time after a pyrexia has reached its height, say after 4 P. M., the toxic effect will be apparent in the relaxation and diaphoresis; the patient will be drunk. A half pint of whisky can be taken in small doses during a day, without inducing intoxication; yet, if it is all taken in the course of two or three hours, an individual will be apt to exhibit strong evidence of being in this state. So with chloroform and ether. I once treated a pregnant woman who was within a month of term, and suffering from remittent fever, by timidly giving less than five grain doses every three hours; by the time the third dose was taken uterine pains set in, which soon became expulsive, and forced the child out with a good deal of laceration of the os, although the membranes were not ruptured until the last moment. The contractions were as severe as any I ever saw from ergot, leaving no doubt as to the part the quinine was playing, except as to the provocation. I could'nt say that it started the pains, yet I am sure it intensified them in the most fearful manner. In using quinine subsequently, with pregnant women, I never gave less than twenty or thirty grains in the space of four or five hours, and never had any unpleasant effects. In malarial regions it is rather common for women to have pains for months before term, which I have found to yield to large doses of quinine, on the theory that there is a congestion of the womb, and that this agent reduces congestion, especially in the soft and spongy tissues in any part of the body, and in any disease, and does not act antidotally in the usual sense. I make it a rule never to give quinine in the forenoon, always giving it at night, to the amount of not less than twenty-five grains, conjoined with an opiate, and am nearly certain of getting a good diaphoretic effect, which will be apt to extend through the succeeding day. In all the pyrexiæ of this region I prescribe it the first visit, and frequently have the satisfaction of aborting a case of pneumonia, or making its subsequent course manageable. In the pneumonias of the middle-aged, who are so liable to overwhelming congestions of the lungs, it is the sheet anchor, given in large doses at the outset. E. L. Drake, M. D.,
Fayetteville, Tennessee.

Case of Transverse Fracture of the Patella United by Bone.

Ed. Med. and Surg. Reporter:—

Joseph Kirby, born in Germany, aged 24 years, received a blow upon the patella (right leg) by the slope-car, caused by the breaking of the rope, at the Suffolk colliery, on the 17th of November last, which knocked him into the cistern at the foot of the slope. Being at the place at the time, I had a good opportunity to examine it before tumefaction and swelling took place. I found a transverse fracture of the patella, breaking it nearly in the centre; the crepitus was audible. I placed the fractured edges in coaptation, and confined them by taking pasteboard and cutting out a notch in the side, so that when applied it would extend one-half around the patella, the slips extending about six inches above and below the knee, on the outer side. Upon the inside I formed a counter splint in the same manner, so that when I

had them on there was a hole through the splint for the patella to project. The inside, or between the splint and leg, I padded with muslin, with a hole to fit. Before I put the splint on, I took Mitchell's surgeon's plaster and placed four strips over the patella, to hold it together; then laid on my muslin pad, with the hole through to fit the patella; placing the same plaster in four long strips over the muslin, to hold it in place; then I took starch and gave the muslin a coat; then, after immersing the pasteboard splints in hot water, to make them fit the leg, I applied them to the starched muslin, on each side of the patella, covering the femur above and tibia and fibula below. The splints were wide enough to extend half way around the leg. Then I applied a starch bandage on top of the splints in such a manner that I should not cover the patella, dressing the leg perfectly straight, but was careful not to put the roller on so tight as to impede circulation. Aside from the fracture, he sustained but a few slight cuts and bruises about the head, to which I applied no dressing save cold water. From the exposure of being wet and nearly drowned while in the dump, having swallowed some water, he had a light attack of congestion of the lungs, from which he recovered without much trouble.

It is now over ten weeks, and to-day I removed the dressing and find perfect union of the bone. I did not remove the splints from the time I placed them there until to-day. I found it not necessary to remove the roller but once, and then only to tighten it after the swelling had subsided. That bony union will take place in all healthy subjects if the bones are kept in apposition, is a conceded fact; the late Dr. V. Mott clearly demonstrated that fact, in fracture of the neck of the femur within the capsular ligament, and I have seen him exhibit his specimens to the class in the sessions of 1850 and 1851, and at later periods. I think it is Mr. Paget that says, that when there is healthy nutrition and assimilation, union will surely take place; if it be bone, then bony union; if muscle, then muscular, etc. All that is necessary is to keep the parts in coaptation; and in some bones, where they are not in apposition, the provisional callus not unfrequently takes place, and bony union is the result, as has frequently been shown in the long bones. In course of over thirty years' practice, I have had three cases of fracture of the patella; the first recovered with ligamentous union. Since that time I have not failed to obtain bony union in any case when there was healthy nutrition, and in that case I only failed by simply not keeping the fractured ends in apposition. I see no benefit by the use of Malgaigne's hooks or Ahl's splints, as pasteboard immersed in hot water may be adapted to all cases, and, as Hamilton has truly said of them, they are a common-sense splint, to say the least, and by the aid of starch can be made to suit each individual case.

PHILIP A. BISSELL, M. D.

Mahanoy City, Jan. 30th, 1876.

NEWS AND MISCELLANY.

The Health of Philadelphia.

As this city is to be the objective point of many travelers the coming spring and summer, a general interest attaches to its present and prospective healthfulness. For this reason we make room for the following statistics from the annual report of the city Health Officer, Col. John E. Addicks, for 1875:—

"The number of births registered during the year 1875 was 17,933, a decrease of 1454 from the previous year. The number of male births was 9361, a decrease of 870, and the female births numbered 8572, a decrease of 584. It appears that there were 172 births of twins during the year, and that the least number of monthly births (1233) was in April, and the greatest (1606) in December. Of the whole number, 184 were colored males, and 263 colored females; still-born, 824; premature births, 280; triplets, 2. The Nineteenth Ward is the banner ward, it being credited with 1747 births during the year, and the lowest ward in the table is the Sixth, which produced but 247. There were, moreover, 147 'unknown' births.

"The number of deaths in the city during the year 1875 was 17,805, an increase of 2567 over the previous year. These were divided as follows.

"White, 16,871; colored, 934; males, 9100; females, 8705; male adults, 4350; female adults, 4366; total adults, 8716; male children, 4750; female children, 4339; total children, 9089.

"Estimating the population at 800,332, the deaths in the city are 1 in every 44.94 of the population, or equal to the death-rate per thousand 22.24.

"In the above figures the still-born, premature births, and bodies brought into the city for burial are excluded. The figures, therefore, show the actual mortality of the city.

"The principal causes of death were: Abscess, 79; cancer, 317; cerebro-spinal meningitis, 73; consumption of lungs, 2359; cholera infantum, 992; cholera morbus, 47; diphtheria, 656; and scarlet fever, 1032."

There is no doubt but that these figures are approximately correct, and, as such, show a good record. But the officer adds:—

"It is much to be regretted that we are compelled to estimate our population, for want of a semi-decennial census, which should have been taken at the close of the past year. If we had a correct census of our city, it would be of great value, not only commercially, but also in a sanitary point of view, and we could present statistics of much more interesting character. In taking the census the ages of all persons should be obtained. We then could charge each respective age with the corresponding mortality, and thus show a more correct ratio of deaths; at present we are compelled to rate the infant under one year and all other ages, with the entire population, to obtain the ratio,

which is unfair, and does not do justice to our city, and it is to be hoped that our City Councils will, at an early date, give a complete census for the city."

These remarks are just and well put.

Medical Society of the State of Pennsylvania.

The Twenty-seventh Annual Session will be held in the city of Philadelphia on Wednesday, May 31st, 1876, at 3 P. M. The appointments are:—To prepare—The Address in Surgery, Dr. D. Hayes Agnew, Philadelphia. The Address in Obstetrics, Dr. R. Davis, Wilkesbarre. The Address in Medicine, Dr. James Aitken Meigs, Philadelphia. The Address in Hygiene, Dr. Benjamin Lee, Philadelphia. The Address in Mental Disorders, Dr. John Curwen, Harrisburg. The Secretaries of County Medical Socities are earnestly requested to forward *at once* their lists of *Officers and Members*, with the *Post-office address of each member*.

WM. B. ATKINSON, M.D.
Permanent Secretary,
1400 *Pine Street, Philadelphia.*

The Medical Law of Wyoming Territory.

A carefully-prepared act has been passed in this Territory, and the medical men have taken unanimous action to see to its enforcement. We give an abstract of it:—

SECTION 1. No person shall practice medicine, surgery, or obstetrics in this Territory who has not received a medical education and a diploma from some regularly-chartered medical school, said school to have *bona fide* existence at the time when said diploma was granted.

SEC. 2. Every physician, surgeon, or obstetrician, when about to take up his (or her) residence in this Territory, or who may now reside here, shall file for record with the Registrar of Deeds of the county in which he (or she) is about to practice his (or her) profession, or where he (or she) now practices it, a copy of his (or her) diploma, at the same time exhibiting the original of a certificate from the dean of the medical school of which he (or she) is a graduate, certifying to his (or her) graduation.

SEC. 3 provides for the identification of the applicant.

SEC. 4 provides that the disregard of this act shall be a misdemeanor, punishable by a fine of not less than fifty dollars, nor more than five hundred dollars, or by imprisonment in the county jail for a period not less than thirty days, nor more than six months, or by both fine and imprisonment for each and every offence.

SEC. 5. It shall be the duty of the police, sheriff or constable to arrest all persons practicing medicine, surgery or obstetrics, in this Territory, who have not complied with the provisions of this act, and the officer making the arrest shall be entitled to one-half the fine collected.

SEC. 6. No portion of this act shall apply to any person who, in an emergency, may prescribe or give advice in medicine, surgery, or obstetrics, in a section of country where no physician, surgeon or obstetrician resides, or where no physician, surgeon or obstetrician resides within convenient distance, nor to persons prescribing in their own family; nor shall the provisions of this act apply to persons claiming to practice medicine, surgery or obstetrics in any section of the Territory wherein no physician or surgeon having a diploma or certificate of graduation resides.

SEC. 7. Upon the trial of any person charged with a violation of the provisions of this act, it shall be sufficient for the prosecution to show that the defendant has practiced medicine, surgery, or obstetrics within the county where the indictment is found, at any time since the passage of this act; and the defendant shall not, after such proof, be entitled to an acquittal until he or she shows, by the testimony of some competent witness, upon oath, that the defendant has received a medical education and a genuine diploma from some regularly-chartered medical school; provided that the defendant may show such facts by depositions taken in the same manner as depositions are taken in civil cases.

Depletion in the Good Old Times.

The English magazine, *All the Year Round*, says:—

It makes one shudder to read in Amelot de la Houssaie's Memoires that Louis the Thirteenth was bled forty-seven times, and metized, or purged, two hundred and fifteen times, in a single year. Unnecessary bleeding had something to do with Raphael's early death. Although, during the last thirty or forty years, the practice of bleeding has been reduced in France to narrow limits, its abuse still persists in the Spanish and Italian peninsulas, and strangers ought to be warned of it. The Italian doctors outdo the Sangrados of every other country in the world in employing venesection for almost every complaint. You may meet with Italians who have been bled one hundred and fifty times in the course of their lives. The doctors' justification is, that the exceptional climate of Turin renders this remedial measure indispensable! One of their most notable victims must be fresh in every one's memory. On the 19th of May, 1861, after a stormy debate in Parliament, Count Cavour went home depressed and anxious. In the night he was awoke by vomiting and intestinal pains, in consequence of indigestion, which frequently occurs under similar circumstances. He was bled immediately; again at eight in the morning, again at five in the afternoon. The Paris medical journals did not conceal their conviction that, under such treatment, the illustrious statesman's case was hopeless. On the 1st and 2d of June he was bled again; again on the 4th. On the morning of the 7th he died. In the November follow-

ing one of his doctors fell a martyr to the same absurd system, having undergone, in the illness which carried him off, seven bleedings, besides numerous leechings.

Care of the Insane in the United States.

The last report of the insane department of the Pennsylvania Hospital, under the care of Dr. Kirkbride, contains an interesting Centennial Retrospect of the history of the care of the insane in the United States, which forms an appropriate chapter of this year's report. It mentions the fact that previous to 1751 there was no regular provision for the care of the insane in America. The first patient was admitted for treatment for insanity, in the Pennsylvania Hospital, February 11, 1752. Now there are seventy-six public hospitals for this class of disease, with a capacity when finished for nearly 30,000 patients.

An Ancient Relic.

Dr. Franklin Gauntt, of Burlington, New Jersey, has in his possession a nearly perfect copy of the *True American and Commercial Advertiser*, 21 by 27 inches, published by Samuel E. Bradford, Philadelphia, December 19, 1799. The sheet is in mourning for the death of ex-President Washington, having all the column rules reversed, and presents a most singular and unique appearance. On the second page is the report of a libel suit of Dr. Benjamin Rush vs. William Cobbett, editor of the *Porcupine's Gazette*, who had pitched into bleeding and the free use of the lancet. Hon. Wm. Harper's speech in favor of the defendant is fully reported.

Hanging Investigations.

Professor Haughton, of Dublin, has recently described some investigations undertaken by him with a view of discovering which was the most certain mode of death, the long drop or short drop, in hanging. The results are that the most comfortable method of hanging is to be sure of a rope of sufficient elasticity, to place the knot under the chin with a running noose, and to drop about ten feet.

Personal.

—On February 20th, Dr. J. W. Butterfield, of Pittsburg, met an accidental death. For some time past he had been suffering from a painful affection, and on Saturday night, February 19th, to alleviate the pain, he took a couple of grains of morphia. The dose not having the desired effect, he the next morning concluded to resort to hypodermic injection, and consequently in that way injected into his system seven grains of the drug. Unfortunately, in his somewhat enfeebled condition, the amount proved fatal.

The United States Medical Directory.

It is proposed to prepare a second revised edition of this work. Physicians who have commenced practice, or changed location during the past three years (other than those whose addresses are on our subscription lists). are requested to forward notice of such changes to this office. Other journals please copy.

A New Hospital.

The New York Hospital Society, founded in 1771, when George III was king, will commemorate the Centennial of American independence by the opening of their new hospital, on Fifteenth street, near Fifth avenue, on the Fourth of July next. It is already far advanced, and when finished will be one of the finest in the city.

Items.

—Dr. Abram Lowell, aged 81 years, who has been a physician in Chester for the past forty or fifty years, died last Sunday, February 13th.

—Professor Toury, of Baltimore, bought samples of kerosene sold in the stores, and found by experiment that more than half of the stuff was very dangerous, giving off inflammable vapor at a very low temperature.

MARRIAGES.

HARP—EVANS.—At Grace Methodist Church, Cincinnati, on the evening of February 18th, 1876, by the pastor, M. B. Taylor, Edgar M. Harp, M. D., of Dawson, Ga., and Miss Mary Evans, of this city.

MUSSEY—GANO.—On Thursday evening, February 17th, 1876, at the home of the bride's parents, Gano, Ohio, by the Rev. Samuel K. Haltsinger, Miss Mary Harkness Gano, daughter of Col. Charles L. Gano, and Dr. Reuben D. Mussey, of Cincinnati.

PATTISON—JOHNSON.—Thursday, February 10th, 1876, at the residence of the bride's mother, Collinsville, Connecticut, by Rev. Henry W. Nelson, assisted by Rev. George F. Breed, M. Monerieff Pattison, M. D., of London, England, and Lucy Shaler, daughter of the late Hon. Edwin F. Johnson, formerly of Middletown, Connecticut.

WIEHLE—PSOTTA.—On the 28th of December, 1875, by the Rev. John G. Wiehle, D. D, at the residence of the bride's parents, No. 2006 Girard avenue, C. A. Max Wiehle, M. D., to Miss Louise Psotta, both of this city.

DEATHS.

GIBSON.—On the 21st inst., at Chebanse, Illinois, William W. Gibson, M. D., in the 30th year of his age, second son of William and Sarah Gibson, of Philadelphia.

GROSS.—In this city, on Sunday evening, February 27, Louisa A., wife of Dr. Samuel D. Gross, Professor of Surgery in the Jefferson Medical College.

HARRIS.—On Wednesday, 23d inst., at his late residence, 43 East Thirtieth street, New York, Francis L. Harris, M. D., in the 65th year of his age.

PAGE.—In Tuckerton, New Jersey, on the 18th instant, Dr. Thomas Page, aged 77 years.

STEVENS.—In this city, on the 23d instant, Dr. John Stevens, native of Wandsworth, England, in the 56th year of his age.

VAN VLIET.—At Rhinebeck, New York, on Wednesday, February 23d, of pleuro-pneumonia, Isaac F. Van Vliet, M. D., in his 54th year.

THE

MEDICAL AND SURGICAL REPORTER.

No. 993.] PHILADELPHIA, MARCH 11, 1876. [Vol. XXXIV.—No. 11.

Original Department.

Lecture.

THE IMPORT OF AN ULCER, AND ITS TREATMENT.

BY GEORGE L. BEARDSLEY, A. M., M. D.

(Late Surgeon in Charge of Bureau of Surgical Relief, Bellevue Hospital, New York.)

The science of physiology refers us to a cell as the ultimate resolvent of animal tissue. The integrity of every factor in the economy, it argues, rests with the undisturbed evolution and renewal of this element. It affirms of health that it is a motion from one set of cells, whose office has been exercised, to another series whose prerogative of necessity to the being of the individual in turn becomes a question of dispute after its contributions have been surrendered. It recognizes, then, only an equilibrium between the repair and decay of tissue, pronounces every deviation an infraction on the original design, and discovers a constant stimulus in this exchange of cells to the several processes. Just here is the limit of its range. Pathology deals with this stimulus when in excess; when it behaves as an irritant; and it is this exalted or strained vitality on which the logic of inflammation, as I conceive of it, hinges. Let me christen it *molecular excitement*. To a limited extent, it foreshadows no destruction of any moment. On it we rely for plastic fibrin. When, however, these cells are more rapidly absorbed than reproduced, the inflammation is useless, the energy of the tissue is exhausted, the continuity of the surface is compromised, and an elimination of effete corpuscles started. An ulcer, then, is a catarrhal disintegration of tissue.

Laws.—Ulcers elect the grounds for their culture. Their affinity is noticed for parts whose vascularity is lowered or power of repairing feeble. Cicatricial surfaces are quite vulnerable to them, and the same is true of serous and synovial membranes. But it is on the inferior extremities that ulcers thrive. On the crest of the tibia and on the malleoli the crop is particularly luxuriant. In these localities an atrophy of the tissue is favored by an occasional stasis of the blood, which contradicts its oxygenation. With such a predisposing cause, excitants, as friction or contusions, need not labor long to be successful.

The second observation is that ulcers are the local evidences of dyscrasiæ. The syphilitic cachexia prophesies them; they are pathological inferences of the scorbutic disposition. Tissues tainted by struma, mercury or lead, or charged with tubercle, furnish them a fertile soil. A hearty invitation is extended to ulcers by constitutions that are podagral. Whenever the constituents of the blood are corrupt, whether by inheritance or accidental infection; whenever the system reveals a proclivity to an imperfect coherence of its cells, a solution of structure is the law.

Clinical History.—The work of destruction invites attention first by a rupture of the skin. The subjacent structures then become red, with vessels distended, and covered with a viscid non-infectious deposit. Granulations, pale or livid, and scattered, stud the ground. Here ends the first stage. The tissue around sooner or later breaks down, and without much effort

the entire patch resolves itself into a chasm with indurated or thin edges, and bathed in a fluid, half serous and half muco-purulent. The system at large does not generally sympathize with the local disturbance until the waste has progressed considerably. The hectic then seen is due, undoubtedly, to pyæmic impressions. A chill very commonly introduces this stage, and is soon succeeded by prostration. This line of symptoms does not, of course, apply to the "walking-cases;" with these, the annoyance is the burden of lament. They regard their affliction as an outrage on their cleanliness, a blight on the purity of their covering. Cases of ulceration that turn phagedenic seriously threaten life. Such are ever a bane to hospitals and on shipboard, rivaling in their deal of death puerperal phlebitis. Waiving now an examination further of ulcers as a class, I pass to their nosological arrangement. This it is not easy to fix, as the species has so many peculiarities. From time quite distant, authors have preferred unnecessary distinctions and divisions, at first classifying them according to causes, disposition to heal, duration; again, grouping them by locality, tendency to spread, associate constitutional disorders. The advantage of a common nomenclature seems not to have been appreciated. The student, as he wanders from treatise to treatise, finds a list of terms that by its incongruity perplexes and tempts him to collate all chronic suppurative surfaces under one head, as "sores." To avoid any empirical disposition of the trouble, and for convenience, I propose two orders: (*a*) Syphilitic; (*b*) Non-syphilitic. The variety non-syphilitic embraces four lines: the Ulcer Inflamed; the Ulcer Indolent; the Ulcer Varicose; the Ulcer Sinuous.

Ulcer Inflamed.—The propriety of specially designating any type as *inflamed* is open to criticism, as all ulcers, according to the views advanced, presuppose congestion. The phenomena of this class are, however, so positive as to merit an isolation from its neighbors. The decay is remarkably rapid and extensive, accompanied by a throbbing, burning sensation, and constitutional agitation simulating typhoid. The clinical features suggest a phlegmonous erysipelas. The granulations bleed easily, look huddled, and are immersed in an acrimonious and ichorous discharge. The excavation is quite deep, and the border shelves. The favorite site for them is the middle third of the tibia, the nates, and cervical fasciæ. A case came under my treatment where the platysma myoides was laid bare and dissected by such an ulceration.

Ulcer Indolent.—This is almost a counterpart of the preceding. Its significance lies only in the absence of granulations. A few are occasionally discernible, but they are mere apologies; their growth is inert, so far as repair is concerned. The margin is undermined, or notched and callous; the color ashy; the emissions watery; not offensive unless detained, and profuse. In my experience this variety has been associated with eczema. A tabulated report shows 40 per cent. with eczema rubra. In healing they are the most intractable, excepting, perhaps, the varicose, for the reason that the neighboring ground is so vitiated as to forbid reform. Fortunately, these have little ambition to enlarge their dominions. One on my books was cured after having remained stationary for five years.

Ulcer Varicose.—This is to be ranked among the sequelæ of the structural decay of veins. What the logic of this change is, whether local anæmia or passive congestion, is under arbitration. Probably only a mechanical member was in the original equation. Causes like pressure, attitude, ligature, must have figured at first. As soon as the varix is formed, its conversion into an ulcer is quite easy and rapid. The contents of these tumors seem noxious enough not only to induce a softening and rupture of their tunics, but to provoke the fasciæ to a similar rebellion. The tissues thus impoverished by a steady drain of blood, and charged with serous accumulations, allow a general liquefaction of the several layers to be quietly inaugurated. The ulcer has blossomed. Its outline is oval; edges ragged; its basin not as deep as with other kinds; the patch generally filmed with crumbs of derma, clots, and shreds of dead fibrin. These ulcers start where the veins bulge the most, and insidiously follow the countless doublings and plaits of the dilated vessels. Though not confined to the lower extremities, it is there that these curiosities are the most confirmed.

Ulcer Sinuous.—It is axiomatic in surgery that pus, unless liberated, will tunnel tissue until it enjoys an exit. The channel thus scooped out is somewhat clogged by clusters of ragged, impoverished granulations, which add their quota to the general flow of matter. This

species of ulceration dissembles a good deal in starting, but is in time attended by an irritation that lends much to the discomfort of the patient. It is virtually an open abscess. Its birth is to be traced to some suppurating cavity that has been imperfectly relieved of its contents; to sequestra that have not been extracted; to foreign substances that have lodged or become impacted in a fold of membrane; or a wound that did not heal from the bottom. These causes are ample to excite an inflammation, and the products very properly force an escape by cloacæ. Where the cellular substance predominates, as in the vicinity of the perineum, urethra, rectum, fistulæ prosper. A patient recently displayed no less than a dozen of sinuses in the right ischio-rectal fasciæ. After amputation in contiguity, if the ends of the bones have been denuded of periosteum, pus is frequently generated, and burrows the flaps at various points. Fistulæ may thus riddle a cicatrix until they involve it in a universal slough.

Ulcer Syphilitic.—By this term it is my design to classify the *remote* evidences of the infection. Chancres and chancroids are excluded from consideration, though they are often as faithful specimens of the virulence of the poison as are the later ravages, for the reason that they are not *bona-fide* representatives of the syphilitic impression, or, as Hunter has it, only "local complaints." It is, then, the distant and destructive changes in the system at large that our review concerns. The leading feature of this ulceration is its rapidity of progress. However latent the virus may remain, it atones for all tardiness by the ultimate assertion of its power to extract the life from tissue. Its violence of demonstration is not constant. It varies as the part affected, the treatment of the primary sores, the amount of constitutional pluck, the quick response of the system to medication. When the disease touches only the fibrous or osseous timber, the ulceration completes its work more after a law. A principle or plan is blended with its unravelings. On mucous surfaces it acts recklessly, seeming to exhaust itself at the onset in a speedy sundering of the structure.

Again: no ulcer is consistently syphilitic, unless it is preceded by some lesion of bone, or a degraded vitality of the skin. The eruptions peculiar to this zymosis need not here be catalogued. Suffice to say that they are identified with deposits that, by successive stages of solution, form ulcers. Long before the cuticle breaks we notice a positive discoloration, a roseola, but, unlike its non-specific analogues, dark brown. The shade is never uniform; speckled; here and there a copper-colored patch, the intervening spaces looking natural. In place of the roseola, some papular exanthem may initiate the disturbance; but, whatever the kind of syphilodermata, the tendency is to a formation of vesicles. This character is early lost in the scaly, so that the last stage of the eruption is the exfoliation of ill-developed cuticle. A low form of suppuration now succeeds, and the ulcer bursts into its full maturity, as a hole in the cellular tissue, with gnawed edges, and packed with purulent shreds of fibre and coagula, all swimming in a fluid notoriously putrid. When the walls are washed rid of the adhesive sloughs, a very vascular state is found to exist, and the manufacture of abortive granules demonstrated. A cause is thus worked up for the steady waste of tissue in the neighborhood. These sores also show a fondness for congregating, and the acridity of the discharge doubtless favors such a coalescence. The slough into which the field around early precipitates is seldom arrested in its march. Eventually periostitis is aroused, the bone becomes bored with cloacæ, and sequestra mix with the discharges. The order is often reversed, and the disease signals its inroad by a blow at bone first. Nodes degenerate with speed, and their liquefaction soon involves the overlying strata in a common death. The probe finds the bone a mere shell, a mortar-like mass. Syphilitic ulcers usually appear on the tibia near the crest. Nodes seldom submit to much irritation, and discover here abundant excuses for suppuration. The next favorite point is the olecranon. In this locality these sores seldom slough, and exhibit granulations which grow vigorous with a little encouragement. The phalanges of the hand and tarsus, the flexor tendons, fall a prey to this inflammation willingly. Twenty-one in these situations are on my records. The *os frontis* stands the fourth in susceptibility. The corona veneris in a case of mine was three inches in diameter. A fatal meningitis was excited by the pus penetrating the tables.

A neuralgia and a peculiar fatigue weary the patient for months before the nodes burst. Loss of sleep is a uniform complaint. As the exfoliation continues, the patient is annoyed by

a sense of "giving way" in the member, and values some form of support. This distress, with the inconvenience of the discharge, makes the mortal a pest to himself, and in his fancy miserable to others. Passing to a study of these ulcers on mucous surfaces, we find no new process. All have cutaneous patterns, and are striking only in their phagedenic disposition. Under no form of ulceration does tissue suffer from such havoc. The sores start as apthæ, or submucous tuberculæ, and in their conquests repeat the history of dermal syphilis. The demolition, however, is more rapidly consummated, as mucous tissue is never averse to inflammation, and with a fearful reduction of strength. A throat thus affected pictures a cavern crossed by bridges of ashy lymph, its velum perforated, the arch of the palate gone, and its bones detached. Case forty-one on my record tells of a "roof broken down four months after the vesicles were seen." Naso-pharyngeal fistulæ were traced in this, as in many other specimens. Deglutition becomes at the best painful, and changes of voice from huskiness to aphonia point to an invasion of the larynx. Permanent impairment of the function of the larynx is almost always its fate, and death by suffocation is to be apprehended from an extension of the disease.

Surgery of the rectum and vagina embraces ample evidences of this type of ulceration. Much of the stricture occasionally felt just above the anus is an organized band of deposits of syphilitic lymph, while not a few of the nutrition-changes of the uterus may be justly explained as legacies of this dyscrasia.

[*To be Continued.*]

Communications.

ON THE TREATMENT OF DIPHTHERIA.

BY FORD S. DODDS, M. D.

Read before the Southern Illinois Medical Association, at Cairo, January 20th, 1876. Forwarded to the Medical and Surgical Reporter by the Committee on Publication.

Among the diseases of recent origin that we as a profession have to contend with, none, probably, stares at us more ghastly than diphtheria. It is a disease we are liable to meet at any time, and among all classes, ages and sexes.

I hope to offer something on the treatment of this disease, which, if not new to all, may be made practically useful.

To afford some basis for curative measures, we will first make a few observations on the pathology of the disease. The special pathology of diphtheria, with its anatomical lesions, is generally agreed upon; the fauces, and parts contiguous, being the region where the symptoms are localized, or where the derangement of the economy finds an explosive outlet. But when and from what causes the disease originates, by what process it is generated, how the poison is introduced into the system from without, the changes it produces in the blood, in the organs of respiration and nutrition, and why it develops itself in the fauces, are all questions open to investigation.

It was formerly supposed that all pathological changes took place in the solid parts of the organism, thereby affecting the fluids. Another class of teachers supposed that all the changes of disease originated in the fluids, which finally involved the solids. Another class of observers contended that all morbid impressions are received through the medium of the nerves.

Recent histological research has shown that all animals, as well as plants, are developed from cells, and that, besides the solids, the blood, and the nerves, there are many other things in the animal economy. In a certain sense, these cells possess an individual character or life, as much so as other organs possess an individual vitality.

Diphtheria is primarily a disease of the fluids of the system, but more particularly of the corpuscles of the blood. When the blood becomes infected with matter or material which causes diphtheria, its corpuscles become diseased, and tend to death and putrefaction.

With the exception of the poison generated within its own economy from some altered relations of the chemical and vital forces, almost all fomites of infectious diseases enter the system through the respiration and the lungs, or through the skin; and hence, when miasms and noxious gases enter the circulation so as to come in contact with and injure the corpuscles, and depress their vitality, then the symptoms of fever present themselves. If the conservative forces of the organism are overwhelmed and fail to expel the enemy, as the disorder spreads from one corpuscle to another, and more are involved, more intense will become the symptoms; and, by reaction upon the tissues, congestion, erosion, and decomposition of the structures are induced, and a derangement which was simply functional is now rendered organic.

The primitive diseased part, then, is the blood, which may have been changed from its normal condition by animal, mineral, aerial or vegetable poisons, received through the skin, lungs or stomach.

The inflammation of the fauces is the local expression of another disease, and in point of treatment it should not be regarded as a distinct local inflammation.

In treating diphtheria we should keep prominently before us the fact that the most important part of the treatment is to combat the blood-poison.

While local applications to the throat are quite essential, they are only secondary in importance to constitutional treatment. We never will succeed in curing diphtheria until we possess a remedy which will destroy or restrain the disease, or the virulent poison which causes it.

Those of you who were in the army will recollect that among the medical supplies furnished by the Government was a preparation called Bibron's antidote, manufactured by Squibb, of New York. The object of this preparation was to neutralize the blood-poison caused by the bite of a snake, tarantula, and other reptiles or insects. We had frequent occasions to use this remedy while camping through Mississippi, Alabama and Georgia. When given in conjunction with large doses of whisky or brandy, it always proved successful, so far as my observations went.

From this fact the idea suggested itself to my mind that if Bibron's antidote and whisky would neutralize the blood-poison from a snake bite, it might have the same effect upon the poison which creates diphtheria. The chemical nature of the two poisons may be different, one can be seen and analyzed, the other cannot. The constitutional symptoms differ in violence. In one case a large amount of poison enters the circulation *suddenly;* consequently the red corpuscles of the blood are broken down *rapidly*, and destruction and death of the organs follow *speedily*. The chemical changes which take place in the blood may be the same, but by a slower process in one than in the other.

Bibron's antidote is composed of—

℞.	Bromine,	fl.ʒijss	
	Iod. potass.,	gr.ij	
	Bichlor. mercury,	gr.j	
	Alcohol, diluted,	fl.ʒxxx.	M.

Dose—One teaspoonful, well diluted.

I commenced using this formula as it stands, but soon after substituted the chlorate of potassa for the iodide. I generally repeat the dose at intervals of three to six hours, according to the severity of the case, alternate with large doses of whisky or brandy, given in the form of milk-punch or egg-nog, for the reason that they are more palatable in this way. Besides, milk and eggs, if not good curative remedies of themselves, are good prophylactics in all infectious diseases; especially milk, in large quantities. The alcoholic preparation should not be given prematurely; wait until the inflammatory and septic influence of the disease has been somewhat lowered by the ordinary antiphlogistics, and then push the remedy to the verge of intoxication.

It is astonishing what large quantities of alcoholic stimulants may be taken, even by children, in severe forms of diphtheria. An adult patient suffering from the poisonous effects of the bite of a serpent, will bear a pint of strong whisky in the course of an hour; while a child four years old, suffering from diphtheria, will bear three to four ounces in the course of a day.

So many remedies have been suggested for treating diphtheria locally, that they bewilder us. The application of ice, escharotics, and cauterization of the mucous membrane, I think are generally discarded by the profession. Sufficient reasons could be given why they should be, but it would prolong this article.

Glycerine, on account of its penetrating, softening and soothing influence, should enter into all the combinations we use for internal application to the throat. I know of nothing better for this purpose than a preparation like this:—

℞.	Sol. persulph. iron,	ʒiij	
	Potassa chloras,	ʒij	
	Glycerine,		
	Aqua,	āā ʒj.	M.

Add to this a sufficient quantity of carbolic or salicylic acid. The objectionable property of this new rival antiseptic is its insolubility in cold water. As the addition of borax and hot water will dissolve it readily, it should be kept prepared for use. This same preparation, diluted, will answer for a gargle. Let us accept the doctrine of micrococci insinuating themselves through the abraded or unabraded membrane. I can think of nothing better in the materia medica to torture these fungi with

than carbolic acid, combined in a formula similar to the one given above. The glycerine will penetrate as far, probably, as the parasites, carrying the carbolic acid with it. The preparation, however, should not be of sufficient strength to destroy the membrane. Yet high authority has recommended the destruction of the diseased tissue, and establishing a healthy suppuration underneath. If we should attempt to do this, half our patients would be dead before this could be accomplished. The throat should be cleansed soon after making the application, either by gargles or mopping it out with a soft sponge. Where the patient is unable to gargle, in order to get a more local effect on the diseased membrane, I give, every three hours, tinct. ferri chlor. with pot. chloras, dissolved in glycerine and water. Where malarious influence is suspected, I add quinine, either to this preparation or to the whisky.

In addition to the above, it is highly necessary to ventilate the sick-chamber, to keep a uniform high temperature and moist atmosphere in the room, and a thorough use of disinfectants. The temperature of the room should not vary from 76°. Moisture can be maintained by vessels filled with hot water. They can be kept steaming by means of hot bricks placed in them. Use carbolic acid freely as a disinfectant, placed in a large open vessel filled with water, and changed every three or four hours.

The ultimate and direct cause of death from diphtheria is a deposit of fibrin on the larynx and trachea, the result of blood-poison, which produces a state of the membrane similar to pseudo-membranous croup. Hence we have what is called diphtheritic croup. In this stage of the disease, inhalations of warm vapor, tinctured with iodine or bromine, are called for, and, if necessary, tracheotomy as a dernier resort.

Some eight or nine years ago diphtheria prevailed as an epidemic in the locality in which I live. It invaded my own family. It was during the prevalence of this epidemic that I adopted the plan of treatment already mentioned. I never read of the suggestion, nor conversed with any physician on the subject. The treatment being rather novel, I, of course, watched its effects closely, and found them so uniform that I could not abandon the remedy, and think it justly entitled to further investigation. I do not offer it as a specific, not being enthusiastic on that subject, and having as little confidence in medicine, generally as any practitioner, probably, on the floor. I have quietly persisted in the treatment indicated with every case of diphtheria I have been called to treat within the past seven or eight years, and can say this as to the result, that not a single one is now under the sod, when I saw the patient in the early stage of the disease, and had exclusive control of the case. They might have recovered from the other remedies used, to the exclusion of Bibron's antidote, and plenty of whisky. My own convictions are different.

TUMOR OF THE LEFT ANTERIOR CENTRAL CONVOLUTION OF THE CEREBRUM.

TRANSLATED BY JOHN B. ROBERTS, M. D.,
From Archives Générales de Médecine, Jan., 1876.

A German laborer, aged fifty-six, presented, in June, 1875, the following symptoms: He was completely aphasic, answering all questions by "Ja, ja," or by an unintelligible murmur, and had almost entirely lost his mind. The right arm was totally paralyzed, and passive motion was painful; palsy of the corresponding leg, also, was pronounced, but not absolute. When supported under the arms, the patient dragged his right leg, and the foot scraped the floor; he could not stand erect for an instant. There was palsy of the right side of the face, but it was not marked, and only affected the naso-labial nerves. The pupils were alike moderately dilated, and reacted readily to light. In addition to the hemiplegia, there was right-sided anæsthesia; and the reflex movements of the right foot were much less marked than those on the left side. Percussion of the right (?) frontal and temporal region was exceedingly painful. An ophthalmoscopic examination was made, with negative results. The urine contained neither albumen nor sugar. Pulse was 90, and the rectal temperature 38° C. (100.4° F.). There was observed at times a deviation of the head and eyes to the left, but when the patient was pushed to that side he carried his head and eyes equally to the right. The frontal and temporal regions on the left side were tender, even to the pressure of the finger.

The following history was obtained from his wife: The sickness dated from Christmas, 1871, when he was attacked with an epileptiform seizure, lasting about ten minutes.

During the paroxysm he made flexing motions of his right arm; and when he got up the next day, it was noticed that he dragged his leg slightly. Toward the end of January, 1875, he was seized with partial convulsions of the right side, without loss of consciousness. These convulsive attacks, at first infrequent, became more numerous, and finally occurred twenty or thirty times during the day. About April they ceased, but there remained right-sided hemiplegia, characterized by absolute paralysis of the arm, and dragging of the leg when walking. In May complete palsy of the right half of the face occurred, and then his mind began to be impaired. He never complained of headache.

Five days after admission the patient became drowsy, and the face greatly congested. The deviation of the head and eyes to the left was very marked, but passive motion of the head was readily made. There was nystagmus. Temperature, 38° C. (100.4° F.). Pulse small, and 80 per minute. In this condition the patient died.

Autopsy.—The dura mater was equally adherent on both sides. The cerebral convolutions were firm, but flattened, and closely pressed together, so that the furrows were completely effaced. There was no difference in the tension of the two hemispheres. On the left side a tumor, about the size of a small apple, was seen in the parietal region, through the pia mater, on a level with the surrounding convolutions. Laterally, and on a level with the convexity of the brain, the tumor was distinctly limited, but not so toward the median line. The pia mater was easily detached from the tumor, except at the longitudinal fissure.

The tumor extended backward to the central furrow, and in front was bounded by a vertical line which would meet the upper extremity of the fissura præcentralis. The inferior boundary was made by a horizontal line situated in the anterior central convolution, and distant about one and three-quarter inches from the longitudidinal fissure. The longest antero-posterior diameter was about two inches.

The tumor, then, was situated in the left anterior central convolution; occupying the upper third of this convolution on a level with the convex surface of the cerebrum, and almost all the middle portion of the convolution, on a level with the paracentral lobule described by Betz. The convolutions in the vicinity of the tumor were much flattened and widened. On section, the tumor, which was a glioma, resembled an apple imbedded in the medullary substance; the surrounding tissues were softened, and almost fluctuating. No other lesion was found in the brain, and there was nothing abnormal in the other organs.

This case is of some interest, on account of the experiments of Hitzig and Ferrier, and because the disease did not involve that region which, according to the observations of Turck, Charcot and Vulpian, is implicated when hemianæsthesia results.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Stated meeting, February 9th, 1876, Dr. Charles K. Briddon, President, in the chair.

Hyperæmia of Epiglottis, Larynx and Trachea—Œdema of Lungs—Pyelitis.

Dr. Jacobi presented the larynx, trachea, lungs and kidneys taken from a patient who died in Bellevue Hospital. The history was as follows:—

Jessie Turry, aged twenty-four, was admitted on February 4th. Her habits had been intemperate. Last November she had had a miscarriage. All further history was unsatisfactory. For ten days previous to her admission she had suffered from dyspnœa. This symptom was marked on admission, and was accompanied by aphonia. The respiration was between 26 and 30, and the temperature in the vagina 99½°. Laryngotomy was performed on February 5th, by Dr. Welch, the house-physician, after which the patient rallied for a short time, but died on the following day, of pulmonary œdema. The urine had been examined only after death, and was loaded with albumen, its specific gravity being 1.012. On February 5th, when the patient was seen by Dr. Jacobi, she manifested symptoms of laryngeal obstruction. On examining the chest, localized dullness was found over portions of the left lung, and it was thought to have been, probably, broncho-pneumonic. The tongue and pharynx were dry, hard, and furrowed; the surface of the former was red and scaly, and its papillæ elevated. The pharyngeal space was somewhat contracted, and the epiglottis hard and dry, and did not move readily. Dr. Jacobi had diagnosed laryngitis, tracheitis and broncho-pneumonia.

Autopsy.—The epiglottis, larynx, and trachea were hyperæmic. The larynx and lungs were œdematous, but this condition was only a consequence of her dying condition, as it did not exist twenty-four hours prior to death. The lungs were also the seat of condensation at different points; there were no changes, however, of an anterior date to the present illness. The spleen was enlarged and lobulated (like a fœtal

one), and measured six inches in length. The main point of interest about this case was the condition of the kidneys; they were both the seat of old diffuse nephritis, with condensation of tissue and abscesses. The condition of the kidneys had been the cause of the œdema of the lungs, but had not been diagnosed during life.

Dr. Seguin said that he had observed dryness of the mucous membrane of the fauces in a few cases of uræmia.

Dr. Jacobi said that in this case epithelial scales were visible upon the surface of the tongue, and in his opinion it was a mild form of ichthyosis.

Softening of Spinal Cord—Cyst in Kidney—Carcinoma of Stomach, Presenting no Characteristic Symptoms during Life.

Dr. Polk presented specimens of the softening of the spinal cord and cancer of the stomach. A history, as follows, accompanied the former specimen:—

A man, aged seventy-six, was admitted to Bellevue Hospital on January 31st, 1876. He had enjoyed excellent health until a year ago, when he began to feel numbness of the lower extremities, and it took six months to develop into paraplegia. Two weeks before his admission into the hospital he fell into a semi-comatose condition, and passed his urine and fæces involuntarily. During this period, however, the paraplegia improved. On admission the sensation in the lower extremities was good, and the paralysis incomplete. He died this day (February 9th).

Autopsy.—On examining the spinal cord, it was found in a condition of yellow softening, extending from the eighth dorsal vertebra to its termination. Calcified plates were also seen, and the gray matter only was involved in the disease. The doctor thought that the disease had first commenced as meningitis. Calcification of almost all the arteries of the body was found, but this was especially marked in the coronary artery. In one of the kidneys a cyst was developed, which was separated from the renal tissue by a calcified plate.

The history accompanying the second specimen was as follows:—

A woman had been admitted to Bellevue Hospital four months ago. Her urine was albuminous at that time, and no other disease but albuminuria was discovered, and she was discharged at the end of two months in an improved condition. Shortly after she again entered the hospital, complaining of the same symptoms; but no albumen was detected in the urine. She improved under the administration of tonics and diuretics. One month ago she suddenly became hemiplegic, and afterward developed bed-sores. The paralysis of the lower extremity improved slightly. She died a few days since.

The autopsy revealed cerebral softening due to thrombosis. The special point of interest was the presence of cancer, involving the lesser curvature of the stomach, and extending to the duodenum, not producing any constriction of the pylorus, without having given rise to symptoms of that disease (*e. g.*, vomiting, etc.) during life. The kidneys were contracted.

Pericarditis—Myocarditis—Endocarditis.

Dr. Burchard presented a specimen showing peri-, myo-, and endocarditis. A man aged twenty-five, who had been addicted to the use of stimulants for ten or fifteen years, was, on November 29th, 1875, taken with a chill, this being followed by a high temperature, and soon the characteristic pneumonic sputa was seen. On physical examination of the chest, dullness and bronchial respiration were found at the bases of both lungs. On the eleventh day of the disease resolution was progressing, when, in the evening, the patient was seized with a chill, followed by a rise of temperature, and complained of pain in the præcordial region. On examination, fluid effusion was detected in both pleuræ. Seven days later the diagnosis of pericarditis was made and confirmed by Dr. A. L. Loomis, who saw the patient. Three weeks ago the pleural and pericardial effusion became absorbed. During the patient's illness a syphilitic eruption appeared upon his body. Dr. Loomis saw him again, and diagnosed myocarditis. He died on February 6th.

Autopsy.—The pericardium was the seat of fibrinous exudation The heart was enlarged, the muscular tissue was found to be supplanted by connective tissue-growth.

Dr. Loomis said that myocarditis was more common in connection with endo- and pericarditis than was generally supposed. He further stated that when he was called to examine this case he had found the heart's action labored, which resembled that caused by dilatation following hypertrophy.

Diphtheria—Pneumonia—Bacteria Discovered in the Blood.

Dr. J. Lewis Smith presented specimens, with a history as follows:—

A boy aged six years was seen on February 2d by Dr. Smith. The patient was vomiting, and his respiration was labored. Temperature 100°, pulse 96. No membrane was visible on the fauces. The urine was normal. The patient could walk about the room. On the 4th the pulse was the same, but the temperature had decreased to 90°. On the morning of the patient's death (Feb. 7th) the temperature ran up to 103°, the pulse being 120. The respiration was extremely labored. The urine contained an excess of urea, and was albuminous two days before death. Quinia, in three-grain doses, had been prescribed.

Autopsy.—The pericardium contained two drachms of transparent serum. The right ventricle of the heart was the seat of a firm white clot, extending to the pulmonary artery. Dark (tarry-colored) clots were also found in the right and left auricles and left ventricle. Dr. Satterthwaite had examined the specimens for Dr. Smith, and had found the diphtheritic exu-

dation to extend from the larynx through the trachea, beyond the bifurcation, and spreading to the bronchi of the third degree (right lung); beyond these points the mucous membrane of the tubes was injected and thickened. The upper lobe, and centre of the upper portion of the lower one, of the right lung, were the seat of croupous pneumonia. The middle lobe was congested. The bronchial glands were enlarged. The tonsils were not much enlarged; their surfaces were the seat of depressions the size of pin-heads. About one-half ounce of blood was taken from one of the ventricles; this was preserved in a solution of hydrate of chloral, and at the end of thirty-six hours it was examined microscopically, crenated bacteria, in small numbers, being found. Both kidneys were congested, and the capsules adherent. On their surfaces spots of newly-formed connective tissue were visible. The malpighian bodies were congested, and the convoluted tubes granular. Nothing abnormal was detected about the straight tubes. There was an extravasation of blood throughout. No bacteria were found in the cardiac, pulmonary and renal tissues. Scrapings from the cut surface of the spleen were examined, and multitudes of granules were found; these bodies refracted and resembled oil globules, but no bacteria were recognized. The liver was normal.

Hemorrhagic Pachymeningitis—Syphilitic Pachymeningitis.

Dr. Seguin presented two specimens, viz.: sections of the dura mater, one showing hemorrhagic and the other syphilitic pachymeningitis. In connection with the first specimen, the doctor gave the following history: The patient had been exposed to the sun's rays on a hot summer day, and afterward had suffered from headache, just over the coronal suture, in the occipital region, and in the back of the neck. No syphilitic history could be obtained. His pulse was 55. He had symptoms of somnolence and difficulty of deglutition.

Autopsy.—A clot measuring six by four inches was found covering both sides of the hemisphere over the dura mater, and was confined by a delicate membrane. The clot was from one-third to one-half of an inch thick, and was in a semi-fluid state.

The other specimen, showing syphilitic pachymeningitis, consisted of a thickening of the dura mater over the lateral hemisphere, and was obtained from a case presented by Dr. A. H. Smith at a previous meeting of the Society.

Hypertrophy of Cervix Uteri—Amputation by Galvano-Cautery.

Dr. Sell presented a specimen of hypertrophy of the cervix uteri, which he had amputated without hemorrhage by the galvano-cautery. A woman, aged thirty-nine, married for thirteen years and the mother of four children, had been an invalid for four years, suffering from procidentia. She had been treated by her physician for pneumonia, intermittent fever and rheumatism. Dr. Sell had diagnosed hypertrophy of the cervix, which he had amputated as above stated.

Editorial Department.

Periscope.

Section of the Abdomen for Intussusception.

The rather frequent occurrence and very gloomy prognosis of intussusception induce us to give some extracts from recent British papers on its treatment by abdominal section. Three cases were reported before the Medico-Chirurgical Society of London.

The first was related by Mr. Howard Marsh, who performed the operation on an infant of seven months of age. The bowel projected two inches beyond the anus, and at the extremity of the protrusion the ileo-cæcal valve was visible, whilst in the abdomen a firm cylindrical tumor was felt extending in the course of the descending colon from the left of the umbilicus to the left iliac fossa. Insufflation and careful distention with lukewarm water having failed to reduce the intussusception, and the child being collapsed and frequently sick, Mr. Marsh operated. Sickness at once ceased. On the third day the bowels were relieved, and on the fourth the child was convalescent. In this case the intestine had been invaginated for thirteen days, but inflammation only set in twelve or fourteen hours before the operation, and Mr. Marsh expressed the opinion that when other means had failed the operation ought to be undertaken, not only in acute cases of twelve or eighteen hours' duration, but also in chronic ones in which there have been no symptoms of inflammation or strangulation.

The second case was that of an adult woman aged thirty-three. The length of the included bowel was at least eighteen inches. Not one bad symptom occurred, the temperature never rising above normal, and the wound healing by the first intention. In this case hemorrhage, so frequently regarded as a cardinal symptom, did not occur.

The third case was by Mr. Hutchinson, who also made some remarks on the details of the

operation. It occurred in an infant aged six months. The intussusception involved the whole length of the colon, and the ileo-cæcal valve, introverted, constituted its extremity, and was easily felt by the finger in the anus. The symptoms had been the usual ones; they had lasted three days, and the usual method of treatment, perseveringly carried out, had failed. As the child was evidently about to sink, the operation was at once performed. Considerable difficulties were encountered in effecting the reduction of the intussuscepted part. Its neck was tied back in the loin by the meso-colon, and could not be brought into view, and, although there were no adhesions, it was found quite impracticable to draw the intussuscepted bowel out of the sheath. At length it was discovered that although the upper end of the intussusception was fixed, its lower one, containing the sigmoid flexure of the colon, was quite loose. This was readily brought out, and by gently pulling the sheath downward reduction was without difficulty effected. The appearance of the appendix vermiformis, just at the completion of the reduction, confirmed the opinion formed as to the introversion having begun at the cæcum. Considerable difficulty was encountered in replacing the intestines within the abdomen. They were accordingly punctured with a harelip needle in two or three places, and at the conclusion of the operation the infant was in an alarming collapse. It rallied, however, afterward, took the breast, and passed a motion. Death occurred about six hours after the operation, and the post-mortem showed evidences of recent extensive peritonitis.

In the discussion Dr. West drew attention to the distinction between intussusception in the adult and in the child, pointing out that in the latter the diagnosis is by no means difficult, and that one of the earliest signs is the passage of blood or bloody mucus. Even when the invaginated intestine could not be felt, but there was only indistinct fullness of the abdomen, he thought the diagnosis easy, as also did Dr. E. G. Barnes, in whose practice Mr. Marsh's case had occurred. Both agreed that when other means failed the operation ought to be resorted to. Mr. Thomas Smith argued that the length of the incision was not of much moment, since ovariotomy has taught us that mechanical interference with the peritoneum is not very dangerous. The danger rather lay in the retention of a clot, and all the viscera could be sponged with impunity. He thought it would often be necessary to puncture the intestine. Professor Timothy Holmes thought a long incision facilitated the return of the bowel, and remarked that the operation was usually performed only in hopeless cases. As to the hemorrhage, he observed that the occurrence of blood in a hernial sac shows that it may take place from strangulated intestine. Mr. George Pollock mentioned some experiments which he had made some years ago to determine the danger of over-distention by injection, and which showed hat the peritoneum was very apt to crack when the bowel was only slightly distended; thus peritonitis might be set up. Dr. Hare advocated the injection of ice-cold water to reduce the congestion of the intussuscepted portion, and this could be aided by the application of ice to the abdomen. He thought the cold not only diminished the congestion of the vessels, but also the volume of air in the bowel.

High Temperature.

A case of singularly high temperature is given in the New York *Medical Journal*, from the Mount Sinai Hospital. The history is as follows:—A German woman, aged twenty, was attacked seven months ago with convulsions. She was under treatment by an irregular practitioner before entering the hospital. The treatment consisted in freely bleeding the patient from the arm at short intervals. When she came under observation at the hospital, it was supposed that the convulsions were of a hysterical character, and for this purpose the strong induced current was applied. Some time afterward she noticed a hyperæsthesia of the hand, which extended upward, and by degrees involved the arm, shoulder, and side. The temperature was then taken in the rectum, and found to be 110° Fahr. This high temperature lasted only for a very few hours, and then subsided to 99° and 100°. At first it was supposed that the apparent high temperature was due to some imperfection of the thermometer, but with different instruments the same result was obtained. It has been found that the marked increase of temperature occurs with an attack of pain. The diagnosis that has been made is of meningitis affecting the basilar portion of the brain or upper part of the medulla oblongata.

Employment of Medicated Ice.

The following suggestion is made by Mr. Edward Martin, in a letter to the *Lancet*:—

"Every practitioner has, at times, to face the difficulties of the scarlatinal throat in young children. It may sadly want topical medication; but how is be to apply it? Young children cannot gargle, and to attempt the brush or spray often fills them with terror. In many cases neither sternness nor coaxing avails. Yet these little ones, in almost every case, will greedily suck bits of ice. This has long been my chief resource where I could not persuade the child to submit to the sulphurous acid spray. Lately, I have been trying an ice formed of a frozen solution of the acid (or some other antiseptic). Though, of course, not so tasteless as pure ice, the flavor is much lessened by the low temperature, and probably also through the parched tongue very little appreciating any flavor whatever, that I find scarcely any complaint on that score from the little sufferers; they generally take to it very readily. The process of making it is very simple. A large test-tube immersed in a mixture of pounded

ice and salt is the only apparatus required, and in this the solution is easily frozen. When quite solid, a momentary dip of the tube in hot water enables one to turn out the cylinder of ice as the cook turns out her mould of jelly. I have tried the three following formulæ, all of which answer, though I think I prefer the first:—

1. ℞. Sulphurous acid, ℥ss
Water, ℥vijss.
Mix and freeze.

2. ℞. Chlorate of potassa, ℈j
Water, ℥j.
Dissolve and freeze.

3. ℞. Solution of chlorinated soda, ℥ss
Water, ℥j.
Mix and freeze.

"However, the form is of secondary importance, as each practitioner can construct his own. Boracic acid, salicylic acid, or any other harmless antiseptic, with not too much taste, would, doubtless, be as useful as those indicated."

The Elastic Band in Tenotomy.

In the Canada *Medical and Surgical Journal*, Dr. A. A. Henderson, of Ottawa, Ontario, writes:—

A short time ago I was sent for to see Willie T., a healthy, well-developed child, aged twenty months, perfectly formed in every respect, with the exception of deformity of the right foot. I was informed that an operation had been performed upon the foot eleven months previously, and that the usual kind of boot for such cases had been worn by him, but without any beneficial result.

Condition Previous to Operation.—Upon examining the foot, I found the heel well depressed, the tendo-achillis having been divided at the previous operation. The inner margin of the foot, however, was drawn upward, and the anterior portion twisted inward to such an extent that at any attempt to walk the dorsum of the foot pressed upon the ground. I then examined the tendons with a view to operation, and found that the tendon of the tibialis anticus was the cause of the deformity, and that in this case it could be divided most easily just above the ankle-joint.

On December 3d, 1875, assisted by Dr. Sweetland, I operated without chloroform. The foot was firmly held in position by Dr. Sweetland, while I divided the tendon of the anterior tibial muscle, above the ankle-joint, in the usual manner.

The puncture was covered with adhesive plaster, and the foot secured in position by means of a broad strip of plaster placed around it just behind the toes, having a smaller strip inserted so as to form a loop at the outer margin of the foot, just at the root of the small toe. Another broad band of plaster, with a loop formed at its outer portion, was placed around the leg above the knee.

These loops were then connected by an elastic band, composed of two pieces of rubber tubing, attached by means of a hook to the loop at the root of the small toe, and by means of a loop, with tape attached, to the plaster above the knee. The tape was found a great convenience, as a means of regulating the amount of tension required from the rubber.

No boot was worn for fourteen days, and during that time the child was not allowed to walk. The sticking-plaster was renewed from time to time as it became partially detached, and the tension of the rubber was carefully regulated. At the expiration of that time the child was allowed to walk, but, instead of putting on a Scarpa's shoe, I selected a light boot, such as is usually worn by children, and still keeping the band of sticking-plaster around the foot, I passed the loop out through an incision which I made at the outer margin of the boot, and hooked the elastic tubing into it. By this means the foot was prevented from turning in the boot. The other end of the elastic was secured to the back of a belt passed around the waist, and kept in position by passing through a keeper situated at the outer and posterior part of a band passed around the thigh. This enabled the child to walk without the possibility of displacing any of the fastenings, and exercised a proper amount of traction, and in the right direction. The child walked readily with the toes everted, and the sole of the foot placed properly upon the ground.

Radical Cure of Salivary Fistula.

The following case is reported from the clinic of Dr. E. M. Bartlett, in the St. Louis *Clinical Record*. The obstinacy of the lesion renders the account of much value:—

J. H., aged ten years, suffered from an abscess beneath the right ear, at the lower margin of the parotid gland, and applied to a physician for treatment. A free incision was made, pus evacuated, and the patient relieved. The incision did not heal completely, leaving a fistulous opening at the most dependent portion of what had formerly been an abscess, and an almost constant discharge was the result.

This condition continued for seven years. Patient applied to me for treatment one month ago. On examination I found a salivary fistula, opening externally and immediately posterior to the angle of the inferior maxilla. Steno's duct had been divided at a point corresponding with its exit from the parotid gland, and there had been formed an artificial channel leading from the gland downward to the lowest part of the incision, as shown by the cicatrix.

My first effort was to explore the duct of Steno. I passed my probe into the duct to within about three-fourths of an inch of the fistula, where I met an obstruction. Beyond this point the duct had been obliterated. I then cut down, from without, to the point of the probe. I then passed a needle, armed with a strong silk thread, from the opening just

made in the cheek to a point about a line above the fistula, penetrated the artificial channel above the fistula, and, turning the point of the needle downward, brought it out at the fistula, allowing the thread to remain as a seton. In this way I hoped to make an artificial duct from the fistula to the artificial opening just made. After thirty-six hours I removed the seton and passed a small-eye probe along the track of the seton from the artificial opening to the fistula, then armed the probe with a silk thread, having a knot in one end, drew the probe backward and out, leaving one end of the thread on the outside of the cheek at the artificial opening, after having buried the knot at the other end in the artificial channel above the fistula, and then closed the fistula with a suture externally. After the artificial duct from the fistula to the artificial opening in the cheek had been sufficiently established to permit the saliva to flow out freely upon the cheek at the artificial opening, I was ready for the next step in the operation. I then moved the fistula forward on the cheek and closed the fistula behind the angle of the jaw. I wanted to know certainly that an artificial duct had been established from the fistula to the opening made in the cheek before I proceeded further, else I should have brought the thread forward through the natural duct and finished the operation.

I next passed my probe backward through the duct from the inside of the mouth to the artificial opening in the cheek, armed the probe with a silk thread, and again withdrew it, drawing the thread through the natural duct, leaving one end of the thread on the inside of the cheek suspended from the natural opening of Steno's duct, opposite the second upper molar, while a knot in the other end of the thread retained that end in the artificial opening. I then closed the opening in the cheek with plaster, and the saliva has since been flowing out at the natural opening. Both external openings have healed. The saliva readily followed the thread, the thread acting as a conductor, hence I preferred it to silver wire. The cure is radical.

Orchitis Treated by Puncture.

This subject has lately been discussed in the *Lancet*. The well-known surgeon, Mr. T. Holmes, condemns it, and in the debate says:—

"I could produce quite as many witnesses on my side if I chose to argue the question that way; in fact, I have heard the treatment so uniformly reprobated that I innocently believed (so little do we know of each other's practice in this great city) it had been given up, and I was rather doubtful whether it was worth while to notice it. Now I find that in some eleven years (since 1864), Mr. H. Smith has punctured the testicle in more than one thousand cases, though recommending the treatment 'only in the most acute form of the disease.' My ignorance of the benefits of this method is no doubt due, as Mr. Smith says, to my not having met with cases appropriate for it; but surely that must be his fault, not mine. He must have punctured every testicle in London which required the operation, and in saying this I am sure I am doing less than justice to his surgical activity."

We may add that Mr. M'Gill, Mr. Spencer Watson, and others who have tried the treatment, now restrict it to cases in which there is considerable effusion into the tunica vaginalis, in which it is easy to see that relief to pain, as testified by so many, would follow evacuation of the fluid.

Disinfection for Yellow Fever.

The *Scientific American* says:—

Whenever a case of yellow fever occurs in New Orleans, the streets surrounding the square are sprinkled with Calvert's No. 5 carbolic acid diluted in 50 parts of water. A large sprinkler on wheels is used for the roadways, and the sidewalks are sprinkled by hand. The grounds of neighboring yards are similarly treated, and the privy vaults disinfected with a solution of zinc-iron chloride. At the termination of the case by death or removal, the infected apartments are fumigated with sulphurous acid or chlorine. The extent of the ground disinfected is according to the lapse of time since the appearance of the fever. The extent of the infection along the ground is about forty or fifty feet daily, so that after some days' delay the whole square must be enclosed with a disinfecting band and the enclosed surface sprinkled.

The Pathology of Hydrophobia.

In one of the late numbers of Virchow's *Archiv*, Dr. Benedikt states that he has examined a number of brains from rabid dogs, and the brain of a man who died from hydrophobia. The results which he obtained, and the conclusions he based upon them, are as follows:—Hydrophobia is a poisoning of the blood, which being latent in the brain for awhile, breaks out at last. This takes place in certain parts of the brain. In dogs, there were found changes in the olfactory gyrus of the anterior lobe, in a fossa which corresponds to the fissure of Sylvius in man, in the lenticular ganglion, and along the trifacial nerve toward its nucleus. The morbid changes seem to begin with a coagulation in the smaller veins, which is followed by increased pressure in the veins. In the course of the now-developing inflammation, the walls of the vessels are penetrated by red and white blood-corpuscles. The inner and middle coats of the vessels are torn in some places, while the outer coat probably becomes softened, and then a number of blood-corpuscles may leave the vessels by the openings thus formed. The blood-corpuscles form along the vessels a number of little abscesses in the brain-substance. The corpuscles begin here to swell, and become at last transparent. The pre-existing cellular elements (of the brain) enclosed by the blood-corpuscles also swell, and become hyaloid. At

last, blood-cells and brain-cells are softened, and changed into a transparent amorphous mass. The miliary abscesses in the brains of men are arranged in clusters around the vessels. There are also masses of yellow pigment along the vessels. These originate from red blood-corpuscles, which run through all stages of swelling. Only the nucleus is pigmented; there are also free nuclei. The appearance of the hallucinations and illusions, as well as of the motor form of psychosis in hydrophobia, is explained by the locality which becomes in this disease affected in the brain. The author does not deny that there may also be similar changes in a number of other organs.

Reviews and Book Notices.

BOOK NOTICES.

A Manual of General Pathology. For the use of Students and Practitioners of Medicine. By Ernst Wagner, M. D., Professor of General Pathology in the University of Leipzig. Translated from the Sixth German Edition, by John Van Duyn, A. M., M. D., and E. C. Seguin, M. D. New York, Wm. Wood & Co., 1876. Cloth, 8vo, pp. 728.

Mr. Seguin, the editor, in his preface, says of this work; "No book in the English language gives such a thorough *résumé* of the elements of medicine, and in none is the matter so arranged as to be available for both the student and the practitioner." After an examination of several chapters of the work, we desire to testify to the entire correctness of this opinion. Both in the general disposition of the facts collected, and in the exhibition of their bearings on processes of disease, the author has displayed unusual skill.

The leading divisions of the subject are grouped under four general heads, forming so many parts of the volume. These are general Nosology, General Etiology, General Pathological Anatomy and Physiology, and the Pathology of the Blood. Of these, the third is much the most comprehensive, embracing as it does the subjects of inflammation, cancer, fatty degeneration, etc. The most generally interesting, perhaps, is the second part, where are discussed the great questions of the causes of disease. These are divided into internal and external causes, the former including inheritance, age, sex and constitution, the latter all those surroundings which it is the especial province of the sanitarian to look after.

Contagious and epidemic diseases, of course, receive the careful consideration to which they are entitled. As to what is the infecting agent, the author speaks with due reserve; he mentions the various theories proposed, and adds: "Of these, the so-called parasitic theory is at least the most probable. But investigations carried on for the last ten years are, in spite of the declarations of observers, not yet so far removed from doubt that the assumption of a so-called *contagium animatum* can be regarded as assured." This is a laudable distrust, worth recommending to the many writers who now-a-days take the parasitic theory for granted in their articles.

The pages of the work are replete with hints on the practical bearings of pathological facts, and also present numerous references to articles and works on the subjects mentioned.

Lectures on Nursing. By William Robert Smith, Resident Surgeon, Royal Hants County Hospital. Philadelphia, Lindsay & Blakiston, 1876. 1 vol., cloth, 8vo, pp. 228. Price $2.25.

The author has given to this work the form of lectures, twelve in number, being a revision of those he delivered to the nursing staff of the hospital. The attention which, fortunately, has arisen of late years to the efficient training of nurses will make every work of this kind in demand, and among them the present one will be entitled to a full share of popularity.

Of course, such a subject offers no other opportunity for the display of originality than in lucidity of arrangement and judicious selection. In these respects the author does not seem to us conspicuously happy. Why such incongruous topics as the palatable preparation of medicines, laying out the dead, recipes for poultices and directions for medicated baths should be jumbled together in one lecture, it is hard to guess. Many of the recipes for food are not suited to the American reader; and the same is true of such paragraphs as "the duty of a probationer," etc., which are intended for the English system of nurses and attendants.

The text is illustrated by twenty-seven woodcuts, and a rather full index is added to the book.

We may say of it, as a whole, that, while it will repay perusal, it leaves plenty of room for a carefully-arranged, thorough American work on the same subject.

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MIND AS A FACTOR OF ORGANISM.

In the general admiration for practical facts and tangible realities, one is apt to forget that what is abstract and ideal is also what alone is true. Knowledge derived from the senses is of itself of no value at all. Physiological studies have abundantly proved that it is fallacious, deceptive, and unreal, giving us images no more like the object itself than a name is like the thing named.

Physiology is now advancing further, and, taking in hand the study of *mind*, is enlarging it rapidly. Dispersing the old entities, faculties and what not, that so long clouded the field, it looks out for functions, the expressions of mind, and when it finds these, it proclaims a corresponding number of mental attributes. Time was when a something, called a *psyche* was asserted to be the peculiar property of man.

Des Cartes and his followers defended this notion, and located the seat of this something in the pineal gland. As distinct from mind, it was subsequently rejected by the German and Scottish philosophers, and is not admitted in the psychology of to-day. No violence is done to man's hope of life after physical death by this acknowledgment, as that which is believed to be his immortal part is recognized by many of the latter schools.

Lately, the mind has received a further extension of its field. The lower animals, even the lowest ones, have been shown by the researches of naturalists to manifest many notions and aims which bespeak for them conscious action with a purpose, very much ahead of what we had attributed to them. The closer study of the history of instinct shows it to be a transmitted memory of ratiocination; unconscious often, but readily traceable to a conscious antecedent act. There are, in fact, very few exhibitions of mind in the highest animals which do not present correlated forms in the lower ones.

But the reader must prepare himself to go a step further than this. Complicated organisms exist below the animal world. The field of vegetable life is there, with its beautiful and varied growths, its strong vitality, its developed reproductiveness. Shall we deny mind to it, off-hand and without inquiry? Or shall we say that, on sufficient evidence, it, too, must be conceded to act in accordance with mental functions?

The latter is the only scientific procedure. To its discussion Dr. W. Lauder Lindsay addresses himself in the last number of the *Journal of Mental Science*. From observation, and the comparison of numerous botanical monographs, he shows that common sensation, purposive action, selection or choice, conscious self-direction, preference, spontaneous and deliberate effort, calculation of distance, attachment through preference to place and things, and memory, must be conceded to be shown by plants, and often in a marked degree.

The same conclusions, substantially, are reached by Mr. Charles Darwin in his works

on Insectivorous and Climbing Plants. In the latter he says:

"It has often been vaguely asserted that plants are distinguished from animals by not having the power of movement. It should rather be said that plants acquire and display their power only when it is of some advantage to them; this being of comparatively rare occurrence, as they are affixed to the ground, and food is brought to them by the air and rain."

But the power is in them to move, even when they do not exert it; for the conclusion he reaches is, that this power "is inherited, though undeveloped, in almost every plant;" "that climbing plants have utilized and perfected a widely-distributed and incipient capacity, which, as far as we can see, is of no service to ordinary plants."

The most startling result of these researches, and one which reacts most powerfully to change the theories of mental functions in man and the higher animals, is the legitimate inference they force upon us that will and consciousness—in fact, all mental phenomena—may and do exist in organisms which are destitute of both brain and nervous system, and therefore that mind is something *independent of these.*

This blow staggers the fundamental doctrine of modern "cerebrationists;" it upsets the whole theory so tersely summed up in Moleschott's phrase, "Without phosphorus there is no thought," by showing that neither phosphorus, brain, nor nerve-cell is needed for thought; it expands our conception of mind, and teaches us that no such shallow theory as attaches it to this or that chemical element, to this or that physiological tissue, is of sufficient depth to meet the requirements of the case; it sets forth mind as a factor of organism, the one inseparable from the other, wherever found.

The United States Medical Directory.

It is proposed to prepare a second revised edition of this work. Physicians who have commenced practice, or changed location during the past three years (other than those whose addresses are on our subscription lists), are requested to forward notice of such changes to this office. Other journals please copy.

Notes and Comments.

Formulæ from the Pharmacopœia of the Philadelphia Hospital.

Our useful contemporary, the American *Journal of Pharmacy*, has published a number of the formulæ for the "house mixtures" in use in the Philadelphia Hospital. As these mixtures are the result of very extended and careful trial, we reproduce several which are of more general interest.

Mistura Anti-rheumatica.

℞.	Potassii nitratis,	℥j
	Vini colchici, radicis,	f.℥j
	Spiritus ætheris nitrosi,	f.℥j
	Syrupi guaiaci,	f.℥ij
	Olei gaultheriæ,	gtt. vj
	Aquæ, q. s. ad.	f.℥vj. M.

Signa.—Dose, a tablespoonful every two hours.

Pilulæ Anti-neuralgicæ.

℞.	Acidi arseniosi,	gr.iv
	Strychniæ sulphatis,	gr.iij
	Extracti belladonnæ,	gr.xxiv
	Cinchoniæ sulphatis,	℥iij
	Pilulæ ferri carbonatis,	℥v. M.

Fiat pilulæ cxx.

Signa.—Each pill contains 1-30th grain of arsenic, 1-40th grain of strychnia, 1-5th grain of belladonna, 1½ grains of cinchonia, and 2½ grains of Vallet's mass.

Mistura Ferri Chloridi Composita (*Basham's Mixture*).

℞.	Liquoris ammonii acetatis,	f.℥iij
	Tincturæ ferri chloridi,	f.℥ijss
	Acidi acetici diluti,	f.℥j
	Curacoa vel alcohol,	f.℥ij
	Syrupi,	
	Aquæ, āā q. s. ad.	f.℥vj.

Fiat mistura.

Signa—Dose, a tablespoonful.

Misturi Cosmetica (*Goddard's Cosmetic Lotion*).

℞.	Tincturæ benzoini,	f.℥ij
	Hydrarg. chloridi corrosivi,	gr.vi
	Aquæ rosæ,	f.℥vi.

Fiat mistura.

A valuable cosmetic lotion, but must be used with caution, as it irritates some skins.

Syrupus Pectoralis.

℞.	Ammonii chloridi,	℥ss
	Syrupi senegæ,	f.℥j
	Misturæ glycyrrhizæ compositæ, q. s. ad.	f.℥viij. M.

Signa.—Dose, a dessertspoonful.

Excellent as a general cough syrup.

Tinctura Saponis Viridis cum Pice.

℞. Picis liquidæ,
Saponis viridis,
Spiritus methylici, āā ℥j M.
Cum leni calore.

Very useful in many skin diseases.

Syrupus Chlorali.

℞. Chloralis hydratis, ℈lxiv
Tincturæ cardamomi, f.℥j
Syrupi, f.℥iv
Aquæ cinnamomi, q. s. ad. Oj. M.

Signa.—A teaspoonful contains 10 grains of chloral.

An agreeable vehicle for chloral.

Electricity, Ozone, and Putrefaction.

The *British Medical Journal* remarks that though it is popularly known that after a thunder-storm milk turns, beef-tea and other soups get sour, and meat of all kinds becomes tainted and unfit for food, yet the immediate cause of these phenomena has not, up till now, been satisfactorily explained. M. A. Boillot, who is well known for his researches for the properties of ozone, has lately communicated to the Academy of Sciences certain observations which will throw some light on the subject. During last summer, M. Boillot tried some experiments with a bit of fresh beef, weighing 100 grammes, which he divided into two equal portions. One of these was put into a glass-stoppered bottle containing air, and the other into another glass-stoppered bottle containing ozonated air (five milligrammes to a litre). The size of each bottle was 200 cubic *centimètres*. Both were placed in a cellar where the temperature was about 59 F. Five days after this, the meat in the first bottle was in a state of putrefaction; the other piece remained unaltered, and was as fresh as on the day it was put into the bottle. On the tenth day it was still unaltered in appearance, and there was no unpleasant smell whatever about it; but the bottle having been opened only for a few seconds, although it was immediately closed, the meat in it was in a state of putrefaction the following day, which M. Boillot attributed to the ingress of air when he opened the bottle. The same experiment was performed with milk; but the air contained in the first bottle was replaced by oxygen. The results were exactly the same; the milk was found to be in a perfect state of preservation in the ozonated air, whereas it had completely turned in the bottle containing oxygen. These experiments offer many suggestions of great interest, and M. Boillot hopes, by further experiments in the same direction, to determine the kind of action which ozone exercises over animal matter, and thus be able to explain the effect produced by thunder-storms on alimentary substances, the importance of which can hardly be overrated.

Notes on the Chemistry of the Urine.

A. Hilger (*Archiv. der Pharm.*, ccvi, 388), after investigating the various tests for albumen in urine, concludes that the following should be employed:—

1. The test with nitric acid.
2. The coagulation test with acetic acid.
3. Bödeker's reaction, precipitating, by potassium, ferro-cyanide after acidification by acetic acid. This test he considers especially valuable.

Dr. C. Neubauer (*Zeitschr. f. Analyt. Chem.*, xv, 115), in commenting on the above, says that Heller's method of coagulating the albumen by nitric acid leaves nothing to be desired in this direction. This consists of adding the previously-filtered urine cautiously to the colorless acid.

Hilger also (l. c., p. 385) describes a urine drawn from a case of phosphorus poisoning, so rich in bile acids that the sodium salts could be separated from 500 c. c. of urine. He used Hoppe-Seyler's method of separation, slightly modified, using Pettenkofer's test for identification.

Külz (*Centralblatt f. d. Med. Wissenschaften*, 1875, p. 515) reports the results of experiments upon the delicacy of Pettenkofer's test for bile. He finds, first, cane sugar, then fruit sugar (prepared by the action of dilute sulphuric acid upon inulin), and then grape sugar.

E. Vogt (*Archiv. der Pharm.*) examined the urine of a man, who daily, for the past five years, had been taking large quantities of morphia, by the mouth and hypodermically. To his surprise, the results were wholly negative. He then examined the fæces, where it was easily found sufficiently abundant for a quantitative determination. He concludes that in cases of suspected opium-poisoning the fæces should be examined as well as the urine.

A. Rabuteau (*Centralblatt f. d. Med. Wissenschaften*, 1875, p. 462) says that accurate neutralization of the fluid is not necessary in determining chlorine after the method of Mohr. For the determination of chloric acid in the

urine, which he frequently discovered after the internal administration of chlorates, first acidify with sulphuric acid, and add indigo solution. A fading of the color indicates chloric acid. To determine quantitatively: first determine the amount of chlorine, then change the existing chlorates into chlorides, by ignition, and determine the chlorine again; the difference will give the amount of chlorine in the chlorates.

C. McI., Jr.

The Mancona Bark.

A German pharmaceutical journal says:—

"The West Coast of Africa offers a potent substance, which temporarily awakens interest, not as a medicament, but rather as a poison. This is the so-called *mancona* bark, which is used by several tribes of tropical Africa as an arrow poison, and, like Calabar bean, for the conviction of sorcerers and criminals. It is procured from a tree (known in Africa as *Tali*) of the family Cæsalpiniæ, *Erythrophlæum Guineense*, G. Don. The bark is hard, fibrous, without odor, and when powdered excites violent sneezing. According to Gallois and Hardy, who have experimented on animals with an extract prepared from the bark, its final effects are those of a muscular and heart poison, so that it is associated in properties with digitalis and hellebore, a fact which is scarcely favorable to its employment in medicine."

Tumors in the Brain.

The peculiar difficulties in diagnosing these lesions give interest to a case reported to an English district medical society by Dr. Bramwell.

The tumor was of the size of a greengage plum, quite round, smooth on the surface, of a pale yellow color. It sprang from the dura mater, just under the tentorium cerebelli, on the left side. It had caused a deep depression in the left lobe of the cerebellum. There were no signs of inflammation around the tumor; no congestion, no softening. The patient, a woman aged 64, was admitted under Dr. Bramwell's care three weeks before her death. She had tumbled down stairs. On admission, she was semi-comatose. She continued to be stupid and unable to give any account of herself or of her complaints. She frequently vomited. Every now and then, she put her hand to her head, as if in pain. There was no definite paralysis. She could move both arms and legs, but could not stand. The motions were passed involuntarily. There was no deviation of the eyes. She apparently saw well. The pupils were equal, and moderately contracted. On ophthalmoscopic examination, the right disc was found to be a little redder than the left. The veins in the right eye were somewhat enlarged. There was no swelling of the disc. She died in a convulsion, the right side being most affected. The tumor above described was found. There was also a small clot, partly discolorized, just outside the right corpus striatum.

A Circular to Some Subscribers.

A certain number of subscribers have been sent, this week, a printed circular, calling attention to the fact that bills for the current year were enclosed in the numbers for January 29th and February 5th, to all who had not then paid up. We earnestly request that all who owe, and have not noticed those bills, will write us or remit; and that those who receive the circular alluded to will read it carefully, and respond. Few know the heavy expense attending periodical publications, and the necessity for prompt payment on the part of subscribers, in order to maintain the highest journalistic efficiency.

Correspondence.

A Case of Ante-Partum Hemorrhage.

Ed. Med. and Surg. Reporter:—

The following report of a case of ante-partum hemorrhage, terminating in the death of both mother and child, may be of sufficient interest to the profession to justify its publication in your valuable journal.

On the morning of December 27, 1875, I was called up about three o'clock, by J. K., who informed me that his wife had been taken in labor that night, and he had called on Dr. George W. Pettit, of Petersburg, Ohio, his family physician, to attend on her; that when they had arrived at his house, they found her very faint, from loss of blood, and that Dr. Pettit had asked him to go for me in consultation. I immediately repaired to the scene of the difficulty, and found upon my arrival that the case had, through the judicious management of Dr. Pettit and the assistance of nature, assumed a more favorable aspect. Dr. Pettit had given her three five-grain doses of quiniæ sulph., and used other means usually resorted to in such cases to check the hemorrhage and establish a reaction. I learned from him that he had attended her in her six previous confinements, and that she had always got along

very well; that he had found her much exhausted from ante-partum hemorrhage, and that he had removed nearly the full of a night vessel of coagulated blood; that upon her attempting to raise her head she had fainted away, and that he had made a vaginal examination and found the parts in a normal condition, as follows: the os uteri was not dilated, but was sufficiently dilatable to enable him to make out a head presentation. The woman had rallied, was resting very comfortably, and had had but a few slight pains since Dr. Pettit's arrival. He assured me that the placenta was not within reach of the finger, and that we had not a case of placenta previa to deal with.

I suggested that probably the case was one in which the placenta had in some way become detached from the uterus, and thus caused the hemorrhage. The previous history tended to confirm this opinion, as the woman had lifted rather heavily about three weeks before, and from that time dated her illness. Dr. Pettit had prescribed for her, about a week after this occurrence, and relieved her of a slight wasting. The Doctor had not heard of her since, till he had been called to wait on her in her confinement. I made an examination, and found the case as the Doctor had reported it to me. The hemorrhage had ceased before I came, and the woman continued to improve in strength and spirits. So there being no signs of labor coming on soon, I proposed to Dr. Pettit that he visit those of his patients who demanded attention, and I would remain till he came back, and then I would go home, leaving the patient in his care.

This suggestion meeting with Dr. Pettit's approval, he left me in charge of the case, promising to return as soon as possible. Shortly after Dr. Pettit had gone, the labor began to progress rapidly, without hemorrhage or a single unfavorable symptom. When the os uteri was sufficiently dilated to allow the head to pass, I ruptured the membranes.

The labor still continued to progress favorably, and we all felt like congratulating ourselves upon the prospects of a speedy termination of the labor, and with it the termination of our fears and anxieties for our patient's safety. She was hopeful, and expressed herself as feeling strong and equal to the emergency. Matters were progressing in this manner when, like a clap of thunder in a clear sky, the patient uttered an exclamation, and went into a convulsion; with the aid of my assistants, I placed her in position, and delivered her with forceps. I think the time occupied in delivering her did not exceed five minutes. The child, a girl, was dead, and looked as though the body had been emptied of all its blood. The placenta was at the os uteri, detached, and was easily removed by traction on the cord. There was no hemorrhage during the delivery of the child or the placenta, nor for some time afterward.

In the meantime, the woman had gradaully returned to consciousness, and the convulsions did not again recur, but the pulse, which before had nearly regained its natural strength and frequency, at once, upon the occurrence of the convulsion, became small, frequent, and very feeble, indicating a prostration of the vital powers bordering on syncope; from this condition she never rallied. I remained anxiously at her bedside, noticing her pulse, but could not detect any change in its character. I noticed she was wasting a little, and upon attempting to check it by pressing upon the uterus and thus securing its contraction, I found that it was pretty well contracted, and that the hemorrhage was rather passive than active in character. I elevated the foot of the bed, in order to throw as much blood to the brain as possible, and dispatched a messenger for Dr. Pettit. In a short time he arrived, and by our united efforts and the assistance of nature we succeeded in checking the hemorrhage. Still the patient did not rally. Dr. Pettit and I remained watching her till about four o'clock P. M., when he received an urgent call to visit a patient a short distance away, and I again consented to remain till his return. Some time after he had gone I noticed that the patient began to grow restless and wanted to change her position in bed frequently.

I made an examination, and could not find that there was any hemorrhage, open or concealed. This condition of affairs continued till about six o'clock P. M., when she began to complain of a severe pain in the region of the umbilicus, and died in less than twenty minutes. I asked to be allowed to make a post-mortem examination, but my request was refused. The above report of the case is submitted without remarks, believing the intelligent physician will thus be the better enabled to draw his own practical conclusion therefrom. H. Nye, M. D.

Enon Valley, Pa., March 3d, 1876.

Bowel Affections—Toothache.

Ed. Med. and Surg. Reporter:—

In the number of your journal for September 7th, 1872, Dr. Downing called attention to the following "New combination for bowel affections," asking other physicians to try it and report the result.

The formula is as follows:—

℞. Socotrine aloes, powd.,
Sulph. potash, powd.,
Bicarb. soda, āā. ʒj
Cloves, powd., ʒss. M.
Divide into twelve powders.

To one of these powders he added three tablespoonfuls of boiling water, giving the whole at one dose—as hot as could be borne—to an adult. To be repeated every hour. To children one teaspoonful, to be given every half hour.

The remedy was warmly recommended in all cases of cholera morbus, diarrhœa, and dysentery.

Since I first noticed the above-mentioned combination, now four years, I have been using

it, with uniform satisfaction, in the above-named troubles as seen in children, especially in what we usually term "summer complaints," and "teething diarrhœa." My plan of administering is somewhat different from Dr. Downing's; for instance, I add one teaspoonful of the powder to a teacup of boiling water; when cool, give a teaspoonful every hour till the discharges become normal in frequency and color. The approaching period when these troubles set in, and the confidence I have in the remedy, induced me to pen this, recommending it as a safe and efficient remedy.

Toothache.—You will do something for the afflicted, and possibly preserve the morals of many, by saying to your readers that acetate of lead, applied on moistened cotton, will relieve most cases of this, Burns' "hell of diseases." As fast as it dissolves, spit out, and re-apply. I think it fails less than any other remedy I have prescribed.

M. J. Eley, M. D.

Lafayette, Ala.

Treatment of Tapeworm.

Ed. Med. and Surg. Reporter:—

Having had but two cases of tapeworm, and having had success with both of them, I would, if acceptable, like to lay my treatment before your many readers.

After ordering a dose of castor-oil, I have the patient to abstain from food for one day; then administer the following—

℞. Pepo, ℥vj
Oleo resina filicis, fl. ℥ss
Aqua destill., q. s. ad. ℥x.
Fiat emulsio.

Sig.—Take half in the morning, the other half in the evening, followed by a large dose of castor-oil.

The pumpkin-seed should be pulverized, hull and all.

If any of your readers find it a success, they will greatly oblige by informing me of the same.

J. A. Averdick, M. D.

Covington, Ky., Feb. 21, 1876.

Four at a Birth.

Ed. Med. and Surg. Reporter.—

In March, 1855, Mrs. Cole, mother of four children and wife of a brick-mason living in this vicinity, was delivered of four children at one birth. They were about two months premature, all girls, and all alive. One died soon after birth, the others lived till next day, and one or two lived two days. All were well developed; the largest weighed four pounds; average weight, three and three-quarter pounds. There were two placentas. The premature delivery was supposed to have been induced by over-exertion and excitement in assisting to extinguish a "fire in the woods" which was about to consume the farm at which they were living. The woman is yet living, but has had no more children. She became blind soon after her confinement, from amaurosis.

J. M. Taylor, M. D.

Corinth, Miss.

News and Miscellany.

American Medical Association.

The Twenty-seventh Annual Session will be held in the city of Philadelphia, Pa., on Tuesday, June 6, 1876, at 11 A. M.

"The delegates shall receive their appointment from permanently-organized State Medical Societies, and such County and District Medical Societies as are recognized by *representation in their respective State Societies*, and from the Medical Department of the Army and Navy of the United States."

"Each State, County, and District Medical Society entitled to representation shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number; *Provided*, however, that the number of delegates for any particular State, Territory, county, city, or town shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the Association."

Secretaries of Medical Societies, as above designated, are earnestly requested to forward, *at once*, lists of their delegates, in order that the Committee of Arrangements may be enabled to form some idea of the number likely to be present.

"The Chairmen of the several sections shall prepare and read in the general sessions of the Association papers on the advances and discoveries of the past year in the branches of science included in their respective sections, * * * *." —By-Laws, Art. II, Sect. 4.

Practice of Medicine, Materia Medica and Physiology:—Dr. Francis G. Smith, Philadelphia, Pa., Chairman; Dr. B. A. Vaughan, Columbus, Miss., Secretary. Committee appointed to report to this section, *On Clinical Observations:*—Dr. N. S. Davis, Ill., Chairman; Dr. H. A. Johnson, Ill.; Dr. J. B. Johnson, Missouri.

Obstetrics and Diseases of Women and Children:—Dr. S. C. Busey, Washington, D. C., Chairman; Dr. Robert Battey, Atlanta, Ga., Secretary. Committee appointed to report to this section, *On the Connection of the Hepatic Circulation with Uterine Hyperæmias, Fluxions, and Inflammations:*—Dr. L. F. Warner, Mass.

Surgery and Anatomy:—Dr. Alonzo Garcelon, Lewiston, Me., Chairman; Dr. E. T. Easley, Dallas, Texas, Secretary.

Medical Jurisprudence, Chemistry, and Psychology:—Dr. E. Lloyd Howard, Baltimore, Md., Chairman; Dr. V. L. Hurlbut, Chicago, Ill., Secretary.

State Medicine and Public Hygiene—Dr. R. C. Kedzie, Lansing, Mich., Chairman; Dr. Ezra

M. Hunt, Metuchen, N. J., Secretary. Committee to report to this section on Form of Bill to Establish a National Department of Public Health at Washington—Dr. H. B. Baker, Mich., Chairman; Dr. H. A. Johnson, Ill.; Dr. J. M. Toner, D. C.

"Papers appropriate to the several sections, in order to secure consideration and action, must be sent to the Secretary of the appropriate section at least one month before the meeting which is to act upon them. It shall be the duty of the Secretary to whom such papers are sent to examine them with care, and, with the advice of the Chairman of his section, to determine the time and order of their presentation, and give due notice of the same. * * * *".—By-Laws, Art. II, Sect. 5.

The following Committees are expected to report:—

On Mechanism of Accommodation of the Eye, Dr. D. S. Reynolds, Ky., Chairman.

On New Remedies, Dr. Austin Flint, Jr., N. Y., Chairman.

On Medical and Surgical Uses of the Aspirator, Dr. E. S. Gaillard, Ky., Chairman.

On Influence of Climate on Pulmonary Diseases in Minnesota, Dr. Franklin Staples, Minn., Chairman.

On the same in Colorado, Dr. Chas. Denison, Col., Chairman.

On the same in Florida, Dr. E. T. Sabal, Fla., Chairman.

On Proper Legislation to Prevent the Spread of Syphilis, Dr. Samuel D. Gross, Pa., Chairman.

On Prize Essays, Dr. Samuel D. Gross, Pa., Chairman.

On Necrology, Dr. S. C. Chew, Md., Chairman.

On Rank of Medical Corps of the Army, Dr. H. A. Johnson, Ill., Chairman.

W. B. Atkinson, M. D.,
Permanent Secretary, No. 1400 *Pine street, S. W. corner of Broad street, Philadelphia.*

Medical Alumni Association of the University of Michigan.

An association of the graduates of the medical department of the University of Michigan has been formed, with the following officers:—President, R. C. Kedzie, Lansing, class of 1851. First Vice-President, B. Barnum, Jackson class of 1854. Second Vice-President, J. J. Mulheron, Detroit, class of 1869. Third Vice-President, I. E. Brown, Monroe, class of 1873. Fourth Vice-President, C. N. Metcalf, Eaton Rapids, class of 1872. Fifth Vice-President, W. J. Herdman, Zanesville, O., class of 1875. Secretary, W. F. Breakey, Ann Arbor, class of 1859. Treasurer, John Kapp, Ann Arbor, class of 1868. It is urgently requested that all alumni who learn of the organization will promptly forward to the Secretary their own address, and that of any alumni they may know; also the names of any they may know to have died, with any interesting facts of their professional lives, and of the time and place and circumstances of their death. And that all who cannot meet will send some greeting to those who attend.

—The Philadelphia Dental College graduated a class forty-two in number last week.

QUERIES AND REPLIES.

Tetter.

J. W. P., of Pa.—For an obstinate case of tetter, when carbolic acid fails, cut the beard short, pluck out every diseased hair, and apply an ointment like the following:—

R. Sulph. lot., Hydrarg. præcip. alb., aa one scruple
Acid carbolic, ten drops
Adipis, one ounce. M.

Repeat this as long as the hairs show disease.

Practicing in Great Britain.

Editor Reporter:—Please inform a reader of your valuable Reporter if a practitioner of medicine, being a graduate of one of our colleges, is entitled to practice (for pay) in Great Britain; as I have been informed that a law has been recently enacted prohibiting all practitioners, excepting graduates of British colleges, from practicing in England. Alpha.

Reply.—A license must be obtained from an authorized body, but the diploma of a foreign school in good standing will be recognized.

OBITUARY.

MRS. LOUISA A. GROSS.

In our last number we had the painful duty of announcing the death of Mrs. Louisa A. Gross, the wife of Professor S. D. Gross. From an appreciative notice in one of our dailies we take the following extract:—

"Mrs. Gross was no ordinary woman. Gifted by nature with a vigorous intellect, she had, by extensive reading and close observation, so cultivated it that there were few subjects upon which she could not converse, so as not only to give pleasure, but also to instruct.

"Her memory was remarkable, and enabled her, at will, to refer to almost any fact that she required to illustrate or adorn the subject of her conversation. Is it any wonder, then, that she was the idol of the social circle?

"It is, however, at her own home, surrounded by those she loved and who loved her so well, that we delight most to remember her. It was there, indeed, that Mrs. Gross reigned supreme, possessing, as she did, all the domestic and household virtues in a degree that is rarely met with in any one; not, certainly, in one whose cultivation and attractions made her the necessary recipient of so much of the homage of general society."

DEATHS.

Kelemen.—At the country residence of Attila J. Kelemen, M. D., Chester, Connecticut, at a quarter past two A. M. on Thursday, August 12th, suddenly and unexpectedly, of heart disease, his only daughter, Allie Louise Kelemen, aged 24 years.

THE

MEDICAL AND SURGICAL REPORTER.

No. 994.] PHILADELPHIA, MARCH 18, 1876. [Vol. XXXIV.—No. 12.

Original Department.

Communications.

ICE AND ICE-WATER IN SCARLET FEVER AND DIPHTHERIA—WHO ORIGINATED THE PRACTICE?

BY HIRAM CORSON, M. D.,
Of Conshohocken, Pa.

In an article in the Reporter, August 7th, 1875, in the paper by Dr. James Y. Shearer, of Sinking Spring, Pa., he says:—"Many members of our profession do not seem willing to accord to Dr. Hiram Corson due credit for having first promulgated, if he did not originate, which I think he did, the idea or method of treating scarlet fever by the application of ice." The editor, in a note, says:—"We believe Dr. Jackson, of Northumberland, first advocated the cold-water treatment in this country." Now, if the editor had said, *first published*, he would have been correct as between Dr. Jackson and myself, and as referring to the use of cold water as drink, and small lumps of ice in the mouth, in scarlet fever, for he published what himself, Dr. Magill, and others had done in 1833, while I published nothing until 1844. In the many brief papers which I have written in favor of what I call the cold or ice treatment, I have always put Dr. Jackson forward.

In a report written by me for the *Transactions of the State Society*, in 1864, there is a detailed account of what was published by Dr. Jackson in the May number of the *American Journal of the Medical Sciences*, for 1833, and also in the August number of the same journal. The treatment thus announced in 1833 originated with him in 1832. I never made a claim to having originated the use of cold water and ice *internally* in the treatment of scarlet fever, and why? Because, from the first day of my practice in 1828, I never used any other drink than cold water for the sick. Those who have read my article on the treatment of measles, in the Medical and Surgical Reporter of a few years since, know how I was led, in the very beginning of my practice, to use only cold water as drink in every disease, when even my good friends Jackson and Magill were considering it a fearful risk. At that time, even in measles, I not only gave cold water freely as drink, but even urged its use in large quantities as a cooling remedial measure; and also used it *externally* to cool the overheated body. So, also, in scarlet fever, in my very first cases; but mark, this was only cold water. In the article referred to, in the "Transactions" of 1864, I use the following language in reference to the use of *ice* in scarlet fever:—

"In the year 1833 I first ventured to give ice-water as drink in scarlet fever, with great comfort to the patient, and thought the practice peculiar to myself, but afterward saw in the May and August numbers of the *American Journal of Medical Sciences* the communication of Dr. Jackson, of Northumberland," on that subject. Although Dr. Jackson did not publish his treatment till I had originated it for myself, yet he had, so far as the *internal* use of *ice* was concerned, originated it the year before I used it; so *he was clearly ahead of me in that*, the use of small pieces of ice in the mouth. But Dr. Jackson never used the ice *externally to the neck* in scarlet fever ("though," he says, "I

had often thought of doing so") before the year 1844, when I first tried it. The history of my first case is given in the first work of Dr. J. Forsyth Meigs on the diseases of children, on page 480. I therefore have never claimed anything but the *external* application of ice, efficiently, some say daringly, applied; an application which renders of no necessity the stimulating gargles, washes, and caustics which so horribly tortured children. But what right had either Dr. Jackson or myself to claim originality in giving cool drink, or even in sponging with cool water? Have I not shown in the Medical and Surgical Reporter, Feb. 11, 1871, in an article on the use of ice and cold water in scarlet fever and diphtheria, that in Dr. Gregory's "Practice," American edition, page 231, published in 1826, Dr. Currie, of Liverpool, had used it long before that time? Prof. Chapman, of the University of Pennsylvania, spoke of it to us in 1826–7, but condemned it so greatly that Dr. Jackson, if cognizant of Dr. Chapman's opposition to it, deserves more praise for having ventured on its use than if he had never heard of its being used. In the same article in the Reporter I have quoted from "Burns' Diseases of Women and Children," edited by Prof. Thomas C. James in 1823, where he says:—"Another remedy of great importance is affusion with cold water. I can with confidence recommend this remedy, from careful observation and repeated trials. It is of consequence to use this early; and whenever the patient feels steadily hot, and the skin feels warm to the hand of another person, it is time to put him into an empty tub, and *dash over him a large pailful of cold water*. By this I have known the disease corrected at once," etc. The above in our text-book, as far back as 1823, and yet, now in our centennial year, our present professor standing where James stood, with Jackson's experience, and the experience of hundreds of others, before him, is afraid to teach anything beyond the old inefficient remedies. Nor can Dr. Currie claim originality. He had probably heard of its being used in the same way. There lies before me a small book, entitled—

"The Curiosities of Common Water, or, The Advantages thereof in Preventing and Curing many Distempers. Gathered from the Writings of Several Eminent Physicians, and also from more than Forty Years' Experience. By John Smith, C. M. To which are added some Rules for Preserving Health by Diet. The Third Edition, Corrected. London: Printed, and Reprinted by Samuel Keimer, in High Street, near the Market-place, Philadelphia, 1723."

This book, published nearly a century before Burns wrote, and perhaps half a century before Currie practiced, is filled with praise of water as a remedy in nearly all diseases; and yet when Chapman flourished, from 1800, to 1830, cold water was scarcely used as a drink for sick people in a single disease. In every house where persons were sick the tea-sage, balm, sweet marjoram, etc., were constantly steaming on the stove. Even yet, in the city of Philadelphia and elsewhere, there are physicians in extensive practice who are afraid to use cold water as drink in measles and other skin diseases. Allow me to quote a few passages from "The Curiosities":—

"There is also published a book of experiments made with water by Dr. Hancock, a divine, called *Febrifugum Magnum*, wherein he saith, that drinking a pint or quart of cold water in bed will raise a copious sweat and cure all burning fevers, which at once taking has done the business. It will raise a sweat without much more covering than ordinary. And he further affirms that the same taken at the beginning of the cold fit of an ague and sweating upon it, at two or three times taking, will cure the distemper. And he saith he has had long experience of curing common *colds* with cold water; and this is done by drinking a large draught of water on going to bed, another in the night and another in the morning. Pitcairn affirms, with great reason, that sweating in *fevers*, by drinking cold water, is more natural than to do it with hot sudorifics, which often do harm in the beginning of *fevers*. But it has not often been advised by physicians, because they were ignorant of this cold way of sweating to cure *fevers*. Which cure, he said, did succeed in one who was his relation, at the fifth day after his falling sick, to whom he gave a dose of water after he was in bed, and he sweated profusely for twenty-four hours, and thereby was cured. Half a pint, he said, is enough for a grown child; a pint to a man or woman, though if they drink a quart it will be better.

"*In scarlet fever, small-pox, and measles*, though the water will not cause sweat, yet it will so quell and keep under the *fever* that the

eruption will come out more kindly, which is a confirmation of what was before said about Dr. Betts prescribing two quarts of water when the small-pox did not come out kindly."

If, therefore, the able investigators who are now so zealously and commendably endeavoring to ascertain how greatly and speedily the heat of the human body may be reduced by a proper application of cold water to it, should succeed in bringing it into use for that purpose, they may find themselves walking in the footsteps of John Smith, Dr. Hancock, Pitcairn, and others. Even the writings of our own Dr. John Bell may stand in the way, disputing their claims to originality. But a fig for originality! If they can inaugurate a plan of operations with cold water which shall prove to the profession that we have an easy, safe, efficient, and very manageable means of lowering the temperature of the human system, and can thus set at rest the dangerous practice of using large doses of quinine and whisky for that purpose, they will confer untold blessings on mankind.

And here I might stay my pen, were it not that courtesy demands a word for Dr. Shearer's efforts. In his paper, the value of ice, internally by the mouth, and externally to the neck, is given in the most emphatic, and to me, satisfactory manner. "Forty cases of the most malignant type, and have not lost a single one." Of some of them he says: "They had been greatly neglected; throats were swollen, having gangrenous spots, accompanied by great physical prostration; in fact, I might almost say the sufferers were at the very threshold of eternity, as under any other treatment I had not seen or known of a recovery in any case equally bad." This is valuable testimony; and yet, natural and reasonable as this treatment is, and efficacious when put into practice, there are some practitioners and teachers of medicine who, having tried it, wholly object to it. Why this difference of opinion? Some persons who have *ventured* upon its use—I say ventured, for it seems to them an experiment with a fearful agent—have timidly told the family to get some ice and put it *around* the child's neck, also to give it small pieces in the mouth, and let it take some ice-water as drink. After this, what did they know about the mode of using it? How much to use, how long to be applied, etc.? Dr. Shearer did not act in this way. He knew full well that he was wrestling with a disease that counted its victims by thousands and filled the land with mourning; and like a true physician, alive to his duties and responsibilities, he stood nobly to his work. He spoke confidently of the value of his remedial measures; instructed the parents in the mode of applying the ice *over* the inflamed glands, the bandage being carried over the top of the head instead of around the neck; impressed upon them the importance of giving cold water freely as drink, and the use of it, if needed, on the head or over the body, to relieve the brain or reduce the temperature of the body; proved to them by actual demonstration that if the ice which they had applied to the throat or sides of the neck were only the thickness of a knife-blade away from it, it was utterly valueless, and that therefore the muslin bag or the bladder which contained the ice should be pressed close upon it. I fancy that I see him giving all those instructions, and by the energy and confidence of his manner, and by the deep interest which he manifests in his little patients, animating the parents to assiduous and hopeful labor for their restoration to health.

In a private letter of his to one of his friends, since the publication of his article, he says: "Since I used the ice I did not lose a single case, and I can recommend it highly to the profession. There are many timid men who have not the courage to use it, and it appears they cannot learn how to do it. When I first used the ice I was often compelled to remain in the house with the patient, and apply it myself, for hours, until I was satisfied it was doing a great deal of good and my patient was out of danger."

Had such testimony as Dr. Shearer's come to us from *abroad*, as the utterance of a French or German teacher, our journals would be filled with laudatory notices of it, and our medical teachers would hasten to proclaim it to wondering classes, and there is not a practitioner so timid that he could not venture on its use. Should we not rather credit our own countryman; a citizen of our own State; a graduate of our own college; a member of our State society? Methinks I hear some one reply, "I should be afraid to use it; I see nothing of it in the text-books; our professors on practice do not recommend it." Ah! we now have an insight into the whole business. The authority of a great name is wanting. To

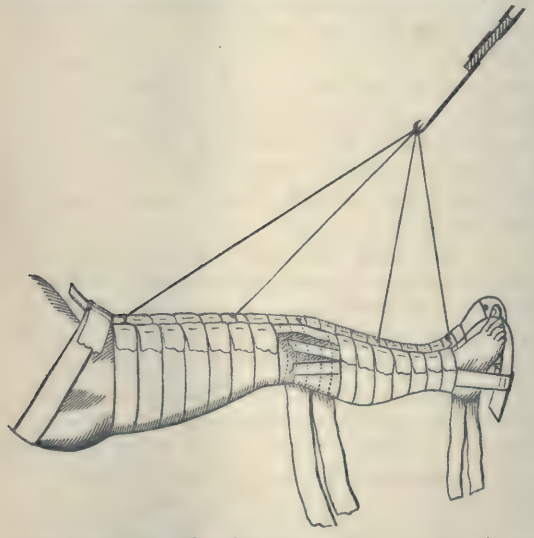
such I reply, in the beautiful language of an author deeply versed in human nature: "Show me a man who, leaving God, and nature, and himself, sits at the feet of masters, stuffs his brain with maxims, notions, usages and rules, and yields his fancy up to leading-strings, and I shall see a man who never did a deed worth doing."

THE ANTERIOR EXTENSION SPLINT.

BY G. E. PORTER. M. D.,
Of Lonacoming, Md.

Suspension in the treatment of fracture of the lower limbs, if a proper method is employed, gives perfect support to the broken bone, insures a degree of comfort hardly to be attained in any other way, and allows, without detriment to the fractured extremity, the necessary and inevitable changes of posture of the trunk. If along with these advantages a sufficient amount of extension can be secured by a simple and easily-managed arrangement, a useful thing will have been accomplished, and we will have relieved, especially, the treatment of fracture of the thigh of some of its embarrassments, that have been always and everywhere recognized and complained of.

In the description of the anterior extension splint, of its application and *modus operandi*, it



is intended to apply almost wholly to fracture of the femur in adults. At the same time, I know of no apparatus equally well adapted to the treatment of compound and gunshot fractures, to disease of the articulations requiring extension, and to cases of subperiosteal excision of the bones of the lower extremities.

The drawing will, I think, make the descriptive parts of the paper clear.

The splint is made of stout wire; the number five wire of the shops will be found large enough for adults, the number six for children. From its pelvic extremity to the bend at the instep it is two inches wide; from the latter point it gradually widens, until where it binds over the toes and passes down vertically in front of the plantar surface it is five inches wide. The cross-wires are arranged with about six inches between them, and securely soldered to the side-wires. The splint is bent at the groin and instep to about the same angles as in the old anterior splint. There is a slight bend at the knee, to clear the patella, and for other obvious reasons. It should be of sufficient length to reach the anterior superior iliac spine. What may be called the plantar part should extend a little below the posterior horizontal line of the heel. The curvatures of the foot portion of the splint are to be made with a view of giving the greatest possible firmness. The apparatus for suspension employed by Professor N. R. Smith is the best that can be devised, if we add a second short cord for the immediate support of the splint. Four points of support afford increased steadiness and firmness to the appliance.

Instead of the roller, I use the many-tailed bandage, in two pieces: one piece long enough to reach from the knee to a little beyond the plantar border of the heel; the other from the knee to the perineum. The tails, two and a half inches wide, should be well cut down, leaving a narrow isthmus along the posterior mesian line of the limb, and long enough to embrace the limb and pin over the side-wires, with three or four inches to spare. There should be two strips of adhesive plaster, each twenty-four inches long, four inches wide at the knee, and three at the foot end. A paper of pins and some cotton batting must be at hand. *The many-tailed pieces must always be made of stout, unstretching brown drilling.* This is an essential point. I have tested it repeatedly.

The apparatus is easily and quickly applied. The pulley must be screwed into a joist in the ceiling, at a point from which the bed can be moved sideways or headways to any required

extent. The broken limb, after proper adjustment, is placed upon pillows, on which previously the many-tailed pieces have been arranged. The adhesive strips are applied to the sides of the leg in the usual way. The splint is held over the broken extremity by an assistant, with the centre of the arch of the foot portion above, and will be clear of the toes. From the knee upward the splint should be not less than two inches from the limb. The adhesive strips are next pinned over the plantar side-wires, in a line with the axis of the limb. Several tails of the bandage, at suitable supporting-points, should be pinned over the side-wires. One short cord is fastened to the loops of the cross-wires at the groin and ankle, the other to the cross-wires next above and below the knee. The cord from the tent-block is fastened to both short cords at the same point, by hook, or otherwise. By pulling down the tent-block, the limb is elevated. After removing the pillows, the unpinned tails are attended to. If this duty is well performed, the bandage applies itself to the general contour of the broken member with a neatness and snugness simply perfect. A doubled strip of muslin must be passed around the pelvis, and pinned over the side-wire, above the bend at the groin. By pushing the bed headways we get the requisite amount of extension. To prevent the slipping down in the bed, its foot should be raised from three to six inches. The tails supporting the seat of fracture and central part of the shaft in thigh fracture must be firmly drawn up; by doing so, we raise the fragments into place, and restore the normal curve of the bone. If proper attention is given to this point, the limb should never "unite with a backward curvature or angle." I have seen this deformity occur in cases where the anterior splint was used, but, so far, I know I have never had it happen in my own practice. When the many-tailed bandage is employed in place of the roller, the occurrence of this deformity should, probably, be attributed to the surgeon rather than the apparatus.

For the amount of extension and counter-extension obtained from this apparatus, we depend principally on the weight of body, the weight of the suspended limb, the obliquity of the suspending cord, and the elevation of the foot of the bed. By tightening the adhesive strips, protecting the perineum and adjacent parts subject to pressure with cotton batting, we can secure a certain amount of extension and counter-extension directly from the splint. I do not claim that this is greatly to be depended upon, but as a supplementary and reserve force, when the other more reliable forces are not in full action, that it will be found of advantage. We can determine the amount of extension employed by measuring from a fixed point along one of the plantar side-wires to the cross-wire at the groin, before and after application. The power of each splint should be tested by quarter inches previously. Is there danger of carrying extension too far? Prof. L. A. Sayre, in a clinical lecture on united fracture, says: "Continuous and prolonged extension should be condemned." Prof. Sayre's rule is: "Extension for the proper adjustment of the fracture, and then retention." The retention is the difficulty. Is not extension the best means of retention? Have we any other as reliable way that is equally safe? If extension is employed after reduction, it must be continuous, and must be prolonged until there is sufficient firmness of union to prevent the slipping or overlapping of the fragments. That over-extension is possible may be readily admitted. That it may be a cause of delayed or non-union is more than probable. Facts bearing on this point are, so far as I can discover, extremely meagre. In my own practice, during the last twenty-three years, in a community where coal-mining operations are extensively carried on, and where fractures are of great frequency, I have not had a case of non-union. I have had five cases of delayed union, the period of delay varying from ninety to two hundred and twenty days. All recovered without operative interference. In two of them extension was not employed, in three it was. In the three cases there were other causes operative to which the retarded union was to be attributed, rather than to the extension.

It may not be out of place to sum up some of the advantages and point out to what extent the indications of treatment are fulfilled by this apparatus. All the causes of displacement in fracture may be classed under two heads, one physiological, the other mechanical. The inevitable and necessary changes of posture of the trunk, and the weight of the limb below the seat of fracture, are the only mechanical causes tending to displace the fracture. The action of the muscles is, of course, the only physiological cause of displacement. By the suspension and

the perfection of the means of support the mechanical causes are almost wholly obviated; by extension we overcome the action of the muscles. The extension not only does this, but it supplements and perfects the other means of counteracting the mechanical difficulties.

The apparatus is simple, inexpensive, can be made at any tin-shop, can be easily and quickly applied, does not readily get disadjusted, and affords a degree of comfort to the patient that is not surpassed by any other appliance whatever. If we wish to make passive motion, the bed is moved footways, to take off the extension; the limb elevated; the tails of the bandage on one side, from the knee downward, and the adhesive strips, are unpinned. While an assistant takes charge of the splint, we grasp the limb just above the patella with one hand, making moderate extension; with the other we accomplish our purpose with facility, and without fear of doing harm. It would seem hardly necessary to mention that the bed-pan can be conveniently used. If we attempt to treat a fracture of the thigh, with this or any other apparatus, without a suitable bed, both patient and surgeon stand a fair chance of coming to grief. A bedstead with the bottom boarded over, and a firm mattress, are the only essentials. The somewhat complicated arrangements made use of where suspension is not employed are not required. It is the opinion of some surgeons that extension, however applied, is a source of discomfort, and a cause of spasmodic resistance on the part of the muscles. With the anterior extension splint, when properly applied, with the proper amount of extension, I have found precisely the opposite to be the case. There is another objection to which it may not be, perhaps, so easy to reply. It may be urged that it is a serious matter to keep a patient with a broken femur in bed for five or six weeks, or longer. This objection holds equally against every appliance, except the various forms of the "apparatus immobile." Fractures occurring in mining districts are generally caused by heavy falls of coal, and attended with severe contusions and crushings of the soft parts. In most of my cases I have looked upon the "fixed apparatus" as inapplicable and extremely hazardous. To allow a patient with a fracture of the lower limbs to go about on crutches after a few days has something sensational about it. There is a certain inherent (perhaps it may be called quack) element in every one, professional and lay, that makes impressive and attractive everything of a sensational character. There is nothing very reprehensible in this, if we do not allow it to unduly bias the judgment, and do not make use of it for purposes of charlatanry. If we leave out of the question the "immovable apparatus," the objection amounts to nothing, as it is unavoidable.. Any way we take it, it does not amount to a great deal.

In fracture of the thigh the question of shortening is one of the greatest interest. The difference of opinion among surgeons on this point is not a little surprising. If we can trust Malgaigne, Hippocrates thought shortening could always be obviated. I find the following in the eighth book of Celsus:—"Neque tamen ignorari oportet, si femur fractum est, fieri brevius, quia nunquam in antiquum statum revertitur." It is claimed that Desault "cured vast numbers of cases without the least remaining deformity." Malgaigne says to cure oblique fracture of the femur without shortening is impossible. In the older editions of his work on fractures and dislocations, Hamilton is scarcely less emphatic on the same side.

Carsten Holthouse, after quoting Malgaigne and Hamilton, says:—"There are surgeons hardy enough or ignorant enough to report cases of perfect cure." And suggests that these cases need the verification of the medical societies. Of thirty-five cases in the London hospitals in the summer of 1857, eighteen cases were from one inch to three and one-third inches short. Enough to account for the strong language he uses.

I can furnish the results in but six cases of fracture of the thigh treated with the anterior extension splint.

Case 1.—James Rawlston, aged 30. On the 11th of June, 1874, while working on the night shift in one of the Maryland Coal Company's mines, had the left femur broken close below the trochanter minor, by a fall of coal. The splint was applied the same night. He complained of a good deal of pain along the outer border of the patella and over the external condyle. There was not a great deal of swelling, and no great amount of pain at the seat of fracture during the treatment. There seemed to be pretty firm union at the end of three weeks. The apparatus was removed on the thirty-sixth, and the patient went about on

crutches on the forty-second day. There was no shortening. Measurements verified before the Medical Society of Allegany County, Maryland, September 21st, 1875. After repeatedly making careful measurements, one of the members pronounced the right limb longer than the left by half an inch. He was not aware at the time as to which limb was fractured. The verification in this case could be made without bias. As to methods of measurement, I followed Gross, Hamilton, and Carsten Holthouse. R. went to work in the mines in less than four months.

Case 2.—Wm. Douglas, aged 20, in a runaway on a very steep inclined plane, when he reached the trestle near the foot of the plane, sprang from the cars and fell over an embankment; his right thigh, coming in contact with some projecting timber, was broken at the junction of the middle and lower thirds. The fracture was very oblique. The limb was put in the splint an hour or two after the accident. At the end of eight weeks there was some ligamentous union. After the application of the splint there was hardly any pain. It was impossible to get the patient to take sufficient nourishment; he had great repugnance to alcoholic stimulants; suffered frequently with troublesome diarrhœas. At the end of two months an accurately-moulded splint, made of a single piece of sole leather, was fitted to the thigh, knee, and side of the pelvis. It was well cut out opposite the popliteal space. Firm osseous union was completed in about seven months. Friction of the ends of the fragments, electricity, superficial rubbings and kneadings of thigh were frequently employed. At the end of seven and a half months the limbs were measured before the Medical Society, and no appreciable shortening found. On measuring at the end of eleven months, I found the limb had shortened not quite half an inch. It is nearly as perfect in every respect as its neighbor. The leg can be flexed to something more than a right angle with the thigh.

Case 3.—Ellen D., in her sixteenth year, while walking backward with a heavy child in her arms, fell and fractured the right femur in upper third. She was taken home, and the apparatus applied at once. The measurements were made in the fifth week of treatment, and verified by Dr. J. M. Porter, who has had a large experience in the treatment of fractures during the last thirty-four years. No shortening was discovered. She was short, stout, and large-limbed. By a recent measurement I was allowed to make, I found the limb one-quarter of an inch short.

Case 4.—Thomas Donald, aged 23 years, June 30th, 1875, had left thigh fractured near junction of middle and lower thirds, by a fall of coal. Limb suspended as soon as he was gotten home. There was immense swelling of thigh and knee; although I had left, as I thought, ample room, I had to increase it considerably in a few hours. The patient got on well. Apparatus taken off on thirty-fifth day. Went about on crutches at once. No shortening. At the end of twelve weeks after injury, measurements verified before the Medical Society. Has not been measured since. No limp. Says limb is as good as the other.

Case 5.—John Craven, aged 32 years. July 18th, 1875, left femur fractured at junction of middle and lower thirds, by a fall of coal. Splint applied a few hours after accident. Removed on thirty-fifth day. Left bed at once. No shortening. Limb in every way perfect. Had arranged to take this case before the Society, along with Nos. 1, 2 and 4. September 1st, three days before the meeting of the Society, he was, while ascending a steep grade, precipitated backward from the back seat of a high spring wagon, falling upon his head. Had his wife in his arms at the time; was very drunk. There was fracture of the base of the skull, and refracture of the thigh. Profuse hemorrhage from the ear, that after about twenty-four hours changed to a clear, watery discharge, slightly albuminous, and surprising as to quantity. Forty-two hours after accident I measured amount of the fluid from left ear, and found it fully one ounce per hour. He died comatose on the twenty-second day. There was no post-mortem. I tried to get one, but failed.

Case 6. —— ——, aged 18 years, had left thigh fractured, near middle, in September, 1875. Was treated with splint, by Drs. J. M. Porter and W. H. Ravenscroft, of Frostburg, Md. Apparatus was taken off, I think, in about five weeks. Limb one-third of an inch short, according to measurements of Drs. Porter and Ravenscroft. I made the shortening one-half inch. I saw case several times while under treatment. Made my measurement in seventh week.

CHRONIC PLEURITIS.

BY W. T. CHANDLER, M. D.,
Of Campbellsville, Ky.

I am persuaded, from personal observation, that chronic pleuritis is a malady more frequently overlooked in the diagnosis of diseases of the chest than any other single affection. Several cases of chronic suppurative pleuritis, diagnosed by respectable practitioners of medicine as phthisis pulmonalis, have fallen under my immediate observation. This is an error, considering the reliability of physical signs, that could only be made by an imperfect and incomplete examination of the case.

It is common to meet with a physician who, in an active practice of years, has never met with a single case, though he freely acknowledges to have treated phthisical cases by the score.

During the summer of 1874, when resident physician to the Louisville City Hospital, an illustrative case came under my care. The patient, a female aged twenty-two years, soon after confinement was seized with what her medical attendant denominated acute pneumonia, the persistence of which he considered as an evidence of its phthisical nature. Six months later, the patient, much reduced by hectic fever, cough, etc., was pronounced by him an incurable consumptive, and sent to the hospital to die. Examining the patient at this time, I found her much emaciated, with loss of appetite, harassing cough, hurried respiration, and quick, feeble pulse (125 per minute). On making a physical examination, it was evident that the patient was only breathing through one lung, the right side expanding and falling with each respiratory act, while the left was perfectly stationary.

Placing my hands on either side, there was an entire absence of vocal and respiratory fremitus over the left side of the thorax, and the cardiac impulse was seen and felt deflected to the right of the sternum.

On measuring the respective sides, the left was found two inches larger, from the spinous processes of the vertebræ to the middle of the sternum. There was also bulging, with a characteristic prominence of the intercostal spaces.

Percussion revealed flatness over the entire left side, both anteriorly and posteriorly, with increased resonance upon the right side. By auscultation the respiratory murmur was found absent over the entire left lung, while the normal vesicular murmur was exaggerated over the right lung.

A clear case of effusion in the left pleura, to determine the nature of which was the next object in the diagnosis. The presence of fever of a hectic type, with marked emaciation, great prostration and night-sweats, rendered it more than probable that we had a case of empyema to deal with. With the case as before you, and the counsel of Dr. Morton, one of the visiting staff, it was determined to aspirate the left pleura, which I did with his assistance, drawing off at the time forty-three ounces of fetid pus. The puncture of the aspirator needle (between the eighth and ninth ribs, about six inches anterior to the spine) was enlarged with a bistoury, and a silver drainage-tube inserted, through which the pleural cavity was daily washed with a weak solution of carbolic acid. Another tube was inserted between the tenth and eleventh ribs at same time, to facilitate the cleansing process, through which the cleansing and disinfecting solution was suffered to escape.

In the meantime the patient was sustained by the free use of brandy, quinine, and the tincture sesquichloride of iron, together with a fair allowance of milk and ale. At first the case seemed unfavorable, with a heavy drainage and pulse ranging from 125 to 130 per minute; however, after the second week the improvement became marked, the drainage decreased, and the general aspect of the patient presented a more favorable appearance. The treatment as delineated above was kept up from its inception until the end of the third month, at which time the tubes were removed, the left lung having completely regained its normal dimensions, and the pleural cavity obliterated by adhesions between the pulmonary and costal pleuræ.

Four months later I met the patient again, but so changed that I failed at first to recognize her (she seemed in perfect health); at this time I again examined her, but found nothing indicative of pleural or pulmonary trouble. Here was a case of presumed phthisis, doomed irrevocably to die, by respectable medical opinion, saved by a simple investigation of the physical signs of the case, and the use of measures that would naturally suggest themselves when the pathology of the case is considered.

About a month after the discharge of the above case, another female presented herself at

the office for admission, stating, on interrogation, that "the medical men had pronounced her case consumption." The case was examined by myself and colleague, Dr. R. S. Seeley, and from the physical signs and rational symptoms, which were almost identical with those already delineated in the previous case, we diagnosed empyema, and advised aspiration and the insertion of drainage-tubes. The following day the case was again examined by a member of the visiting staff, but our diagnosis was repudiated, and the advice neglected.

At an autopsy, some weeks later, there was taken from the left pleura of this patient nearly forty ounces of pus. That this patient would have recovered had the proper treatment been instituted at the proper time, I think, at least, highly probable.

Another case came under my observation some time since, where the autopsy revealed suppurative pleuritis; the patient a child ten years of age, had been treated for chronic pneumonia, and the real cause of illness never suspected until stumbled upon at the dead-table. Only about two months ago, I was called to see a negro patient, supposed, by his attending physician, to be in the last stage of phthisis pulmonalis, but upon physical examination I found a case of chronic pleurisy, with serous effusion, a small portion of which I extracted with a hypodermic syringe for diagnostic purposes. In my experience it is not only an occasional thing, but, in fact, it is a usual thing, for physicians to overlook suppurative pleuritis, and take for granted, from rational symptoms alone, that the patient is laboring under phthisis. Such mistakes can only accrue from a careless and inadequate application of well-known principles. It must, of necessity, however, occur to those who do not employ physical diagnosis in their investigation of chest troubles.

The rational treatment of chronic pleurisy must be determined by the character of the effusion, which may be surmised by the presence or absence of febrile excitement and marked constitutional disturbances. Though a positive differentiation can only be made by aspirating a small quantity of the fluid for ocular inspection for this purpose, I have found the ordinary hypodermic syringe, with a large needle, a very convenient and reliable instrument. Serous effusion, the ordinary product of pleural inflammation, may be reabsorbed; the internal administration of iron and iodine, together with the local application of vesicants, may be used as sorbefacients for the promotion of nature's efforts at absorption. I have, at present, a patient with pleuritic effusion of four months' standing, in which the fluid is rapidly disappearing under these measures. Should the measures advised prove futile after a reasonable trial, or before, if constitutional symptoms are marked, aspiration should be performed and, if necessary, drainage-tubes inserted, through which the morbid condition of the pleura may be modified by topical applications. Aspiration, however, is generally sufficient in simple serous effusions. If the fluid is purulent, its earliest practicable evacuation is imperative, with a free opening to promote drainage. Simple aspiration alone will not suffice.

The late Prof. Stone, of New Orleans, was in the habit of trephining a rib, in order to secure a very large opening for free drainage, but I am convinced, from personal experience, that Stone's operation is unnecessarily severe, and that as good results may be obtained by the use of drainage-tubes, inserted through the intercostal space. Another important consideration in the treatment of empyema is to prevent septic poison by free ablution of the cavity with water and antiseptics. One great object to be attained is to secure obliteration of the cavity by adhesion of the costal and pulmonary pleuræ. Should we fail in this object, purulent matter may reaccumulate after apparent recovery, as in the case of a young man that came under my knowledge at the hospital. He was trephined by Prof. Cowling, and the case soon afterward discharged as cured, but as the pleural cavity was not obliterated by inflammatory adhesions there was a return of the trouble after closure of the wound, for which he was again admitted. Thirty ounces of pus were evacuated with the aspirator, and drainage-tubes inserted. The patient was again discharged, as well, some two months later.

The lesson to be inculcated by this simple review of the subject is that empyema is of more frequent occurrence than is generally supposed, being usually mistaken for other diseases less amenable to treatment, thus resulting in the use of improper and insufficient therapeutic measures. It also impresses us with the important fact that all chest troubles demand a careful physical examination and a clearly-established pathology before the institution of any treatment.

EDITORIAL DEPARTMENT.

PERISCOPE.

Cold Baths in Typhoid Fever.

In a notice of this method in the *British Medical and Surgical Journal*, Dr. Doe says:—

This method of treatment seemed to exert a very favorable effect on the tendency manifested by the disease to relapse, as shown by comparing the first three with the last three years; in the former 15 per cent. suffered from relapse, while in the latter only 5 per cent. I find also that in the clinic of Professor Ziemssen, at Munich, during the year 1874, only 4.5 per cent. of the cases similarly treated suffered a relapse.

If we compare the duration of the disease in the two series, we find that in the former, in which the patients did not have baths, the average course was twenty-seven and one-fourth days, while in the latter, in which baths were used, it was twenty-three days, the longest periods being respectively one hundred and forty-three days.

In all the cases under treatment meteorism was observed only four times in a severe form, its rarity being attributed by Professor Friedreich to the administration of calomel at the commencement of the disease. He asserts that he never saw this symptom but once when calomel had been given in the early stage of the attack.

Thus far we have seen only the beneficial effects of cold-water treatment; but if we now look to the frequency of the occurrence of intestinal hemorrhage, we find that this method of treatment exerts a very serious influence thereon. Wunderlich found in his clinic at Leipzig that the frequency of this complication was increased, though fortunately not the mortality. Professors Ziemssen and Gerhardt have also referred to its increased frequency. Schultze, in his investigations, found it to occur in 5.3 per cent. of the cases treated without baths, and in 10.9 per cent. of those treated with baths; and among the latter three had a second attack of hemorrhage, an occurrence never observed in those cases treated without baths. The possibility that this was dependent upon a more hemorrhagic character of the disease during the last three years is excluded by the fact that in those patients treated outside of the hospital where the cold baths were not administered, the hemorrhagic cases fell from 10.9 to 5 per cent. The hemorrhage usually occurred in from one to three hours after the bath. It was noticed that cases of heart-disease complicating typhoid fever were much more prone to hemorrhage than others; two cases occurred in seven thus affected.

The frequency of neuralgia of the different nerve-trunks was also noticeably increased; it occurred in 5.5 per cent. of the cases treated with baths, and in only 1.2 per cent. of those not receiving baths. Another undesirable effect was the marked hyperæmia of the lower extremities occasionally observed, continuing until the baths were suspended.

Uterine Disturbance at the Change of Life.

The New York *Medical Journal* says that at a meeting of the New York Academy of Medicine, in regard to the uterine disturbance that is frequently noticed at the change of life, Dr. Barker said that many of this class of cases came under his observation. The most common symptoms observable are an increased flow of blood, together with a slightly-enlarged uterus. The patients were liable to be very much alarmed, and in dread of some possible danger. The treatment that was suggested was the use of rectal suppositories, one of them to be introduced three times a day. They were to be employed about a week before the epoch and continued till menstruation appeared. The formula of the suppositories was as follows:—

℞. Ext. ergotæ aq.,	ʒij
Ol. theobromæ,	ʒj.

Fiat suppos. No. xij.

The suppositories of ergot were preferred to hypodermic injections, from the unpleasant sequelæ of abscesses which were found occasionally to happen with the latter.

If the bleeding from the uterus continues, cones containing iodoform were introduced within the cavity of the uterus, and, in the experience of Dr. Barker, were of great benefit. The composition of these cones was:—

℞. Iodoform,	ʒijss
Gum-arabic,	gr.xv.

Mucilage sufficient to make ten cones.

A New Method of Preventing the Secretion of Milk in the Female Breast.

Dr. John Wm. Lane, L. R. C. S., writes to the *Medical Press and Circular*:—

I have for more than ten years employed the following method to prevent the secretion of milk in the breasts of women who may have had still-born children, or who, after having nursed their child for a few months, found it necessary to wean it. It is perfectly clean and painless, as far as my experience goes, and as such I beg to recommend it to the notice of my medical brethren.

We will take, for instance, the case where the infant has been born at the full period, but is dead, or dies within a few hours after its birth. The milk makes its appearance in the breasts general-

ly about the second day, sometimes longer, and sometimes it is ready when the child is born, and in the case of still-born children my experience leads me to think that in such cases it makes its appearance earlier than when the child is born alive. My plan consists in taking a piece of emplastrum adhæsivum of about ten inches square, round the corners, cut a hole in the centre for the nipple, then from the centre of each corner make a straight cut toward and within two inches of the centre hole; having now got it ready, let the patient lie on her back, her body being perfectly horizontal; warm the plaster and place it over the breast, then strap one of the lower corners down first, draw the opposite one tightly upward and fix it in its place, then the other lower corner, and lastly the opposite upper one, having drawn it sufficiently tight first; now take a piece of plaster two inches wide and about sixteen or eighteen inches long, and put it on from below and outside the breast, across, close by inside of nipple, and fasten the end over the clavicle; another piece may also be put on in an opposite direction, it being drawn over the shoulder. Of course, in cutting the plaster and strips the size of the breasts must be taken into consideration, there being so much difference in the size of female breasts.

The above plan I always follow when one of my patients wishes to dry the milk, as they usually call it, or where they are compelled to do so either from the death of the child or any other cause. I also am certain that strapping will prevent mammary abscess if resorted to in the earlier stage; I at least have found it to do so in many cases.

The Local Treatment of Phlyctenular Ophthalmia.

In the Canada *Lancet*, Dr. A. M. Rosebrugh observes:—In the local treatment, in adults, of phlyctenular inflammation, either of the conjunctiva or cornea, the plasma of the oxide of mercury may truly be said to be a specific. I have used this remedy for nearly fifteen years, during which time probably not less than one thousand cases of phlyctenular disease have been under my observation, and I do not remember a single case that did not readily yield to this local treatment. The eyes are bathed, for fifteen minutes at a time, with water as hot as can be borne. This is a most valuable remedy, and in the only case of phlyctenular keratitis in which I gave it an exclusive trial a cure was effected in three weeks. The mercurial plasma is applied twice a day, as follows:—Instead of applying it simply behind the lower eyelid, as is done by some practitioners, the eyelashes of the upper eyelid are held by the thumb and finger of the left hand, and the eyelid drawn forward. A small quantity of the plasma is now pushed up behind the lid with a camel's-hair brush held in the right hand. Before the brush is withdrawn the lid is pressed down so as to retain the plasma; and on the removal of the brush, the oxide is well diffused through the eye by rubbing the eyelid to and fro over the eyeball. The treatment, in any case, should be commenced with the least quantity that will adhere to the end of the brush, and the quantity increased according as it will be tolerated. In cases of ulceration, where the patient can keep the eye steady, I apply the plasma directly to the affected part, and allow it to remain a few seconds, or so long as the eye can be kept open. Where the case is complicated with "granular lids," the oxide is applied to the everted palpebral conjunctiva and allowed to remain about half a minute before the lid is closed.

The strength that I usually use is one grain to the drachm, but in some cases, where the patient has been under the treatment for several weeks, I find that a preparation of double that strength, or two grains to the drachm, is frequently well borne, and the case progresses all the faster.

In regard to the remedy itself, I prefer the plasma of glycerine and starch to the ointment. It does not become rancid, and being soluble in the lachrymal secretion it is more readily diffused over the conjunctival surface.

On Uniting Tendons by Sutures.

The New York *Medical Journal* quotes from a German source the case of a laborer, fifty-four years old, who sustained a lacerated wound on the dorsal aspect of the right hand, by which the extensor tendons of the fourth and fifth fingers were torn through; after the wound had healed these fingers could not be extended actively. Two months after the injury he consented to have an operation performed for the restoration of the functions of the fingers. The operation was performed under local anæsthesia, and the operator, Fillauz, easily succeeded in finding the peripheral somewhat swollen tendinous stumps, but the proximal stumps had retracted under the dorsal carpal ligament. The operator, therefore, dissected the tendon of the middle finger, in which he made a longitudinal incision, through which the freshened stumps of the tendons were passed and fixed by wire suture. After the wounds had healed, the patient could extend all his fingers, though there was firm adhesion between the skin and the cicatrix of the tendon. A similar case, with the same successful result, is reported by Le Fort.

Treatment of Constipation and Diarrhœa.

The New York *Medical Journal* quotes from the *Gaz. Med. di Roma*:—

"Every one knows how difficult defecation sometimes is for those persons who are afflicted with habitual constipation. In such cases relief is often sought from injections of cold water, with the occasional addition of oil or soap. The following clyster is recommended as infallible in such cases:—

"Take a tumbler and fill it half-full of water at the temperature of the room, pour in a few

drops of tincture of camphor, just enough to give the water a slight sapidity, then fill the glass with water. Inject this slowly into the rectum till about sixty or eighty grammes have been introduced. At first, no effect is perceived, but in about ten minutes the desire to defecate becomes irresistible. The effect becomes energetic in proportion to the quantity of tincture of camphor added. After the defecation it is well to repeat the injection of a small quantity of the same mixture and retain it in the rectum, which can readily be done, so as to prevent constipation on the following day.

"Although at first sight it may seem rather improbable, the same remedy is also useful in checking diarrhœa, even though it may have been persistent. The injection should be extremely slow; after the dejection it should be repeated two or three times. The quantity of tincture should also be increased."

Ergot in Intra-uterine Polypi.

Dr. A. Reeves Jackson says, in the Chicago *Medical Journal*, the medical treatment of polypus does not properly come within my scope; but there is one medicine to the efficacy of which I desire to bear testimony. I allude to ergot. Its use is especially indicated in cases where growths of fibrous character are passing from the condition of submucous tumor to that of polypus; and also in cases where polypi of any kind have come to press against, and do not quite pass through the os uteri. In these cases the ergot, by inducing firm contraction of the uterine walls, forces the growth downward; it becomes more quickly and decidedly pedunculated, and consequently more accessible to radical treatment. At the same time it is the most efficient agent, under these circumstances, in checking the hemorrhage. Prof. Byford has informed me that it has been his custom for many years to rely chiefly upon this drug for the purposes mentioned.

The Rose Harvest.

The *Chemist and Druggist* states:—

The particular variety grown in England for medicinal use is known in the English gardens as the cabbage rose, but other varieties are cultivated for similar purposes on the Continent. The rose cultivated at Pateaux, near Paris, for druggists' use, is called the *Rose de Pateaux*, whilst the *Rosa pallida* of the older English writers on drugs was called the damask rose, but that name is now applied, at Mitcham, to *Rosa Gallica*, which has very deep-colored flowers. The cabbage rose is cultivated in England to a very small extent; rose water which is made from its flowers being procurable of a better quality and at a lower cost in other countries, especially in the south of France. At Mitcham, whence the London druggists have long been supplied, there were recently from eight to ten acres planted with this rose; but a supply is also derived from the market-gardens of Putney, Hammersmith and Fulham. The attar of roses is of no medicinal importance, but serves, occasionally, as a scent for ointments. Rose water is sometimes made with it, but it is not so good as that distilled from the flowers. Attar is much used in perfumery, but still more in the scenting of snuff. In France, in the district of the Vaar, the flower harvest includes no less than 1,475,000 lbs. of orange blossoms, 530,000 lbs. of roses, 100,000 lbs. of jasmine, 75,000 lbs. of violets, 45,000 lbs. of acacia, 30,000 lbs. of geranium, 24,000 lbs. of tuberose, and 5000 lbs. of jonquil. A well-known perfume manufacturer at Cannes uses annually 140,000 lbs. of rose leaves alone, and other perfume-laden flowers in proportion.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"A Biographical Sketch of Increase Allen Lapham, M. D.," by S. S. Shearman (Milwaukee, 1876, pp. 80), is a most deserved tribute to one of the broadest-minded men in the American profession. Dr. Lapham's studies and researches covered the whole of nature: geology, botany, zoölogy, anthropology, physics, all found in him an ardent lover; and to his keen glances the secrets of nature showed themselves as they do to few. This handsome and well-written volume sketches briefly his many contributions to scientific literature and his quiet and earnest life. One of his pregnant suggestions it contains points to a wide field for future biological study; it is, "that the law of resemblance between the immature (embryonic) of one order and the mature of a lower order of animals, is equally true of the vegetable kingdom."

——The Report of the State Lunatic Asylum of Texas for 1875, shows a total of ninety admissions during the year. So large a proportion as ten cases are attributed to "religious excitement." The Superintendent, Dr. D. R. Wallace, strikes the right key when he writes:—

"Mental derangement is not only a purely bodily disease, but, what is of equal importance to be remembered, this statement is made upon the highest authority: *Grappled at once, as soon as its presence is recognized, it is, of all grave maladies, one of the most curable.*"

——The Report of the Western Pennsylvania Hospital for the Insane, at Dixmont, shows 170

admissions. The Superintendent, Dr. Joseph A. Reed, in his report, gives his principal attention to economic recommendations. The institution of which he has charge is admirably organized.

——The Report of the Pennsylvania Society for the Prevention of Cruelty to Animals shows that Society in a flourishing condition. On the subject of vivisection, the remark is made: "Efforts have been and are now made for preventing the employment of living animals for anatomical class illustrations, which involves the cutting and mutilation of a live subject for the perfect exposure of the nerves, muscles, and blood-vessels of the animal, thereby producing the most excruciating torture without any adequate results to warrant its infliction."

——Keen, Cooke & Co., of Chicago, have republished from the *Chicago Medical Journal* an article on "Intra-Uterine Polypi," by Dr. A. Reeves Jackson. It is a useful paper.

——The National Temperance Society has just published the "Cantor Lectures" on Alcohol, delivered a few months ago before the Society of Arts, by Benjamin W. Richardson, M. A., M. D., F. R. S., of London, with an introduction by Dr. Willard Parker, of New York. 12mo, 190 pages. Price in paper, 50 cents. We noticed these lectures at the time they appeared, and their author's name is a guarantee for value. Published by J. N. Stearns, 58 Reade street, New York.

——Vol. II, No. 1, of the "Series of American Clinical Lectures" is on the principle of Physiological Antagonism, as applied to the Treatment of the Febrile State, by Dr. Roberts Bartholow. It is both erudite and practical. The series, we trust, will continue.

BOOK NOTICES.

Filth—Diseases, and their Prevention. By John Simon, M. D., F. R. C. S, etc. First American Edition. Printed under the direction of the State Board of Health of Massachusetts. Boston, James Campbell, 1876. Small 8vo, cloth, pp. 96. Price $1.00.

In introducing this reprint to the American public, the members of the State Board of Health of Massachusetts use the following language: "If the practical suggestions made therein were acted on by all citizens, hundreds of lives now annually doomed to destruction would be saved, and the health and comfort of the people greatly increased." This statement is, however, thrown into the shade by Dr. Simon's own. In estimating the preventable deaths in England, he says: "The deaths are fully one hundred and twenty-five thousand more numerous in each year than they would be if existing knowledge of the chief causes of diseases were reasonably well applied throughout the country." Here are statements strong enough, and from high enough authority, to convince the humane man of the frightful lack of intelligence on sanitary subjects in both countries. Let it be remembered that these causes refer exclusively to public, and do not touch private hygiene.

The chief of them is uncleanliness. Two forms of this stand conspicuous; first, the omission to remove refuse matter, solid or liquid, from inhabited places; secondly, the spreading of dangerous infectious diseases by scattering abroad the seeds of their infection. Although these causes may be mingled with and partly obscured by others, there can be no question about the hurtfulness of filth. Diarrhœa, enteric fever, cholera, dysentery, etc., are avowedly traceable, for their spread and malignancy, to uncleanliness, in one or the other, or both these forms.

The chief sources of excremental infection are found either in faults of public sewerage, or of indoor water-closets and other apparatus of house-drainage, or in the faults of privies. Foul water and poisonous milk often come from these faults, which extend and present themselves in a thousand unexpected manners.

To fight this enemy, filth, disinfectants are useful, but cleanliness is the true weapon. In a general sense, as applied to masses of population, this is to be attained by sewage and scavenage. How to employ these means so that they shall accomplish thoroughly the end designed, is what our author endeavors to point out in short and clear language. For this part of his book we must refer our readers to his own pages. Suffice it to say, that, avoiding discussions, he gives results and directions that show he has made the subject one for study and observation on both a large and small scale. Every one, medical or not in profession, will be benefited by a perusal of his advice, and to sanatarians and builders it deserves special recommendation.

THE

Medical & Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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RECENT VIEWS ON EVOLUTION IN MAN.

The latest researches on evolution, as a or *the* law of organic nature, have been largely devoted to the highest form of organism—man, and the lowest forms—plants.

The latter have been discussed, in two works, by Mr. DARWIN himself; the one on insectivorous, the other on climbing plants; and also by some less eminent writers. Last week we indicated a singular result of their studies. At present, looking at the other end of the scale of organism, we shall mention some late observations on man.

Dr. EMIL ROSENBERG, in the *Morphologisches Jahrbuch*, a publication issued in Germany, has presented a noteworthy paper on the development of the vertebral column, and of the os centrale carpi of man. He sets before himself the problem, little touched hitherto, of the discovery of the steps by which man may have developed from the nearest mammalian stock. Taking first the vertebral column, he sets forth the differences existing therein in the various Anthropomorphæ, and seeks to reconcile them with that of man. For instance, in two genera, Troglodytes and Hylobates, there are thirteen dorsal vertebræ, while in the Orang and in man there are only twelve. But Dr. Rosenberg has discovered in more than one human embryo an actual rib-rudiment on the thirteenth dorsal vertebra; so that the homology of the thirteenth dorsal in man and Troglodytes is established.

Another result that Dr. Rosenberg claims to have demonstrated from examination of human embryos is, that a process of transformation goes on in the growth of the sacrum, by which vertebræ at the proximal end, with their costal elements, are assumed into the sacrum, while a corresponding number at the distal end undergo reduction, and are dismissed into the caudal region. And this process, generalized, may be applied to each of the hinder regions of the vertebral columns. Thus in the history of development each lumbar vertebra in man is the result of a single transformation from the condition of a dorsal vertebra; each sacral vertebra has previously passed through the lumbar stage; while the caudal vertebræ have been successively dorsal, lumbar and sacral, before becoming caudal.

Dr. ALEXANDER ECKER, in the *Archiv für Anthropologie*, has called attention to the varying length of the index and ring fingers. This relative measurement he thinks may have an unexpected bearing on the question of the general perfection of the organism; his conclusions briefly are, that:—

1. In the Apes as yet examined, the difference being least marked in the Gorilla, the index finger is the shorter.

2. In Negroes, also, the index appears to be the shorter. No sexual difference can as yet be established.

3. In Europeans the variation is so great that at present no rule can be laid down.

4. When a great artist has attempted to rep-

resent a beautiful and ideally perfect hand, he has never made the index strikingly shorter than the "ring" finger.

May it then not be possible—

1. That an index relatively longer than the "ring" finger is the attribute of a higher form of beauty.

2. That here, as in many other particulars, the female form appears to be morphologically the purest?

The longest and least mobile finger is the middle one; the shortest and most capable of motion, is the thumb, or "pollex;" next in order in the scale of mobility come the little, "ring," and lastly the index, or forefinger.

The question which Professor Ecker has here raised, and into which he intends to inquire further, may appear to some trivial and unworthy of serious study; but, far from this, the satisfactory solution of it will, there is but little doubt, be of the greatest interest not only to the philosophical anatomist, but also to the sculptor and painter who would fain go a little below the mere surface of his art. Mr. J. C. GALTON has made several interesting comments on the subject in *Nature*.

Meantime discoveries in Switzerland, in the interglacial coal beds, show that we have clear evidence of the existence of man in one of the warm intervals of the glacial epoch; and "finds" in the caverns in the west of England show that when the cave savage frequented them the vicinity was warm enough for the hippopotamus and lion to make it their home. At least eight times the period elapsed between the disappearance of this cave savage and the incoming of the ancient Briton, the pioneer of the Aryan race.

—The combined annual meeting of the Italian Medical Association and of district medical officers (*medici condotti*) in Italy is to be held in Turin on September 18th to 22d. It will be divided into three sections: 1. Medicine (including as subsections), Physiology, Mental Diseases, and Diseases of Children; 2. Surgery (including), Obstetrics and Gynecology, Ophthalmic Surgery, and Syphilography; 3. Hygiene and Public Medicine.

NOTES AND COMMENTS.

The Metrical System.

This system, which should be adopted at once in this country, legally took the place of the old apothecaries' weights in Austria, Jan. 1, 1876. The latter are no longer to be used in dispensing; and when prescriptions are written according to the old system, the druggist must translate the weights into those of the metrical system. For his guidance in doing this, a table of the equivalent weights of the two systems is published. When special accuracy is required, prescriptions must be written according to the metrical system; and practitioners are recommended in general to abandon the use of apothecaries' weight. The unit of weight is to be the *gramme*, the numbers being expressed in Arabic figures. The integral grammes are to be divided from fractional parts by a decimal point or stroke; and in all cases the fractional parts must be expressed by two places of decimals: thus, five centigrammes = 0.05; two-and-a-half grammes = 2.50. As the words "decagramme" (ten grammes) and "decigramme" (one-tenth of a gramme) are liable to be confounded, it is recommended that neither be used, but that, in place of writing, for instance, "five decagrammes," the expression "fifty grammes" be used; and that "fifty centigrammes" be written instead of "five decigrammes."

The Catholicity of Science.

The London *Times*, in a recent issue, has an editorial from which we extract the following for the benefit of those purblind medical men who still entertain a horror of teaching the public any of the "mysteries" of our craft. "The interests of all professions are identical with those of the communities within which they move and by which they live, and hence every class should seek to unite itself to others by the bonds of comprehension and sympathy, rather than to conceal its actions behind mystery and verbiage. Everything which assists the public to understand the work of medical practitioners and the difficulties by which that work is beset, and everything which diffuses a knowledge of the points in medicine about which certainty is attainable, as well as of those to which experience must feel its way through doubts, will contribute toward setting difficulties and doubts aside."

Light in its Relation to Health.

Some of our readers may recall an entertaining little book on this subject by the late Dr. Forbes Winslow. His facts have special interest now, in view of Mr. Crookes' most able experimental researches on the conversion of light into motion. These have opened up a new field of physical investigation, which has an immediate application to medical science. The influence of light upon the functions of life and health is very great; and it has long been a source of regret that there does not exist any accurate means of registering the amount of light falling upon any given spot. The defect will now be supplied by Mr. Crookes' photometric radiometer, which will register accurately all the variations in amount of light, and record every passing cloud. Such an instrument will, we apprehend, be highly useful to the physician and the climatologist. Mr. Crookes was led to his present conclusions by the observation of an "anomaly of experiment" which he has investigated with sagacity, and by the aid of a series of researches of much beauty.

Vomiting of Pregnancy Cured by Hyoscyamia.

Dr. Pitois, Professor at the Medical School at Rennes, reports two striking cases of this. After trying, unsuccessfully, all the usual means, it occurred to him to administer a teaspoonful every hour of a mixture containing five milligrammes of hyoscyamia in 125 grammes of fluid. The next day the vomiting ceased, did not recur, and the patient went on favorably to the natural term of her pregnancy. A second case of the same kind was cured by the same remedy.

The Use of Opium.

We observe the statement in a Western paper that the habit of opium-smoking in the Chinese dens of Virginia City is becoming so common among the white people that many of the older pupils in the public schools are beginning to frequent these places, and a loud call is made to have them closed by law.

Dr. Mattison, in an article in the *Medical Record*, maintains that, while alcoholic intoxication is decreasing throughout the United States, opium-drunkenness is increasing, and the dealers in crude opium and the manufacturers of its alkaloids assert that the importation of the one and the productions of the other are rising rapidly year by year; so much so regarding morphia, that at one of our largest manufacturing centres the supply is said to be insufficient for the demand.

Legislative enactments prohibiting the refilling of an opiate prescription, or the dispensing of opium in any form, unless in pursuance of a prescription from the attending physician, would, Dr. Mattison considers, accomplish an immense amount of good.

Picrotoxine in Epilepsy.

The *Practitioner* states that M. Dujardin-Beaunetz has tried the effect of picrotoxine, the active principle of jaborandi, in epilepsy, beginning with small doses, and attaining ultimately three milligrammes per diem. Prompt amelioration took place in the symptoms. The fits, which in the first instance occurred every day, only took place every second day, then became more and more rare, till they ultimately disappeared altogether. The patient quitted the hospital after two months, and had not again been seen, though he promised to return should the fits occur. This result does not, of course, demonstrate that the epilepsy was cured, but simply that an attack had been staved off for two months; but it suggests that further trials should be made with it.

No Tannin in Gentian Root.

At the last meeting of the Pharmaceutical Society in this city, Prof. Maisch read a paper on "The asserted presence of tannin in gentian root," clearly showing the absence of tannic acid in this drug. The infusion is not at once precipitated by gelatin, and yields, with a chemically neutral solution of ferric chloride, a blackish color, due to gentisic acid, and to a body producing a green fluorescence, the color being, of course, destroyed by an acid from the decomposition of the ferric gentianate.

Religious Insanity.

It is stated in one of the religious weeklies that "Dr. Gray, of the Utica Asylum, declared, some time ago, that he never had known a case of insanity which could clearly be traced to religious excitement, as its cause." This is exactly contrary to what several eminent revivalists themselves assert, as we can quote passages from the "Life of Dr. Finney," and others, who expressly say that they met cases of permanent mania, the result of profound "conviction."

Correspondence.

Placenta Prævia.

Ed. Med. and Surg. Reporter:—

As cases of placenta prævia are not of frequent occurrence, I will report a case that came under my charge, for the benefit of your many readers.

On the morning of February 18, I was called to see Mrs. K., who was pregnant over seven months in her fifth pregnancy. All of her other labors were normal. I found her sitting up on a chair, and her statement was that, about two hours before, a severe and sudden hemorrhage came on her, but had partially subsided. I requested her to lie down, to enable me to make an examination. I found the os closed, but she stated that she had a continuous bearing-down pain. I requested her to remain quiet in bed, and at the same time gave her a dose of opium, promising to call in two hours. On my next visit I found the os dilated, so I could introduce one finger into the womb, when I discovered that I had a case of placenta prævia to deal with. The os was hard and unyielding, hemorrhage at times quite severe. In about eight hours the os was about the size of a half-dollar, hard and unyielding, and the hemorrhage became alarming, running from her in quite a stream. She became faint, and began to bid her friends good-bye. My choice was either to forcibly dilate the os and deliver, or let my patient sink. I, therefore, forcibly dilated the womb, and of course did it as quickly as possible under the circumstances, and introduced my hand, sought for the feet, turned, and delivered.

The hemorrhage was great for a few moments, but the patient rallied, and is now out of danger. The centre of the placenta seemed to be over the os. I much dreaded the forcible introduction of the hand when the parts were rigid, but necessity compelled immediate interference, and I am happy to say no bad consequences followed.

The child lived about one hour after it was delivered. Wm. F. Smith, M. D.

Airville, York Co., Pa., March 2, 1876.

News and Miscellany.

Medical College Commencements.

Jefferson Medical College.

The commencement of this institution took place Saturday, 11th, at 12 M., in the Academy of Music. The exercises were opened with prayer by the Rev. William Rudder, D. D. E. B. Gardette, M. D., President of the Trustees, conferred the degree of Doctor of Medicine on the graduates, of whom there were 141. The following prizes were then awarded:

1. A prize of $100, by Henry C. Lea, Esq., for the best thesis, to Robert B. Benham, of Ohio, with honorable mention of the theses of Daniel J. Holland, of Indiana, John B. Carrell, of Pennsylvania, Theo. Horwitz, of Pennsylvania, and James W. Madara, of Pennsylvania.

2. A prize of $100, by Hon. H. M. Phillips, for the best essay upon the Influence of Diseases of the Nervous System upon the Mind, to W. Scott Madden, of Pennsylvania.

3. The Toner Medal, by J. M. Toner, M. D., of Washington, D. C., for the best thesis, based upon original investigations, to Louis L. Seaman, of New York, with honorable mention of the thesis of Thomas H. Price, of West Virginia.

4. A prize of $50, by the professor of obstetrics, Ellerslie Wallace, M. D., for the best paper on the Descriptive and Relative Anatomy of the Gravid Uterus, to E. Frank Garrett, of Pennsylvania.

5. A prize of $50, by the professor of practice, J. M. DaCosta, M. D., for the best Report of Clinical Cases, to Louis G. Goribar, of Mexico, with honorable mention of the report of Theodore Horwitz, of Pennsylvania, and of an essay by Stacy B. Collins, of California.

6. A prize of a pocket operating case, of the value of $25, by the demonstrator of anatomy, T. H. Andrews, M. D., for the best dissection in the anatomical room, to Isaiah F. Markel, of Ohio.

7. A prize of a gold medal, by the demonstrator of surgery, J. E. Mears, M. D., for excellence in bandaging, to Samuel W. Woodruff, of Pennsylvania.

Dr. Addinell Hewson then stepped forward, and on behalf of the Alumni Association presented to the college a portrait of the late Professor Robley Dunglison, M. D., who was identified with the institution for a long period. The doctor delivered a brief address, in which he said:—"You will notice by the programme that Dr. Samuel W. Gross, the son of the venerable professor of surgery of this college, was to have presented the portrait of the late Professor Dunglison to the faculty and trustees, but, owing to a sudden death in his family, he is not here, and the cause of his absence is of so recent occurrence, that the committee has been unable to obtain any one to fill his place. My appearance here to-day is due to my being chairman of that committee. It is, indeed, but right that I should make this explanation for the unprepared manner in which I have to make the presentation."

The speaker then gave a sketch of the life and character of Dr. Dunglison. He said the Professor was not only a most finished scholar, but was as profoundly learned a man as has ever graced the profession in this or any other age. He was identified with this college from almost the earliest period of its existence. On account of his learning he had been summoned from England, his native place, by Thomas Jefferson, on the occasion of his founding the medical department of the University of Virginia. He was called to take part in the first organization of the faculty of the Jefferson Col-

lege. The speaker concluded by saying: "Several portraits have been painted of Professor Dunglison, but I have the concurrence of his family and of many of his friends in the opinion that this I present has no superior."

The orchestra then performed a new overture, entitled "Franc tireurs," by Alexander, after which Professor William H. Pancoast delivered the valedictory address.

Medical Department of the University of Pennsylvania.

On Friday, March 10th, the commencement of the one hundred and tenth session of the University of Pennsylvania took place at the Academy of Music. The degree of Doctor of Medicine was conferred by the Provost of the University, Charles J. Stillé, LL. D.

The total number of graduates was one hundred and twenty-four, distributed as follows:—

Brazil	1	North Carolina	7
California	3	Nova Scotia	5
Cuba	1	Ohio	2
Delaware	4	Oregon	2
Florida	1	Pennsylvania	65
Indiana	1	Prince Edw's Is.	2
Iowa	1	Scotland	1
Kansas	1	South Carolina	1
Kentucky	1	Tennessee	1
Maryland	1	Virginia	4
Massachusetts	1	West Virginia	1
Mississippi	2	Wisconsin	1
New Jersey	11		
New York	3	Total	124

Those receiving the first prize of $50 each were Charles B. Goldsborough, Philadelphia; William H. Klapp, Philadelphia; J. Munro Murray, Philadelphia; Robert Meade Smith, Philadelphia; and J. Francis Walsh, Camden, N. J.

Those awarded distinguished merit were Louis Brechemin, Jr., Philadelphia; George Hay, of Edinburgh, Scotland; George W. Vogler, Philadelphia; and Henry R. Wharton, Bryn Mawr, Pa.

Those honorably mentioned were Edwin B. Bertolet, Pennsylvania; Frederick Best, Nova Scotia; Frank Eyre, Philadelphia; Louis E. Gilliard, Philadelphia; Samuel F. Hazlehurst, Philadelphia; C. Rodney Layton, Jr., Delaware; William P. Melcher, Camden, N. J.; Charles A. Oliver, Philadelphia; Francis M. Perkins, Philadelphia; R. Harvey Reed, Ohio; A. S. Reynolds, New Jersey; Angus Ross, Nova Scotia; Alston M. West, Mississippi.

The valedictory was delivered by Professor Alfred Stillé, M D., professor of theory and practice of medicine. The history of medicine was recited, its application to the cause of humanity referred to, the graduate was instructed as to what his future course should be, and the farewell was pronounced.

—Eight students received diplomas from the Evansville (Indiana) Medical College at its commencement, March 1.

ALUMNI MEETINGS.

The Jefferson Medical College.

The Alumni met at the Hall of the College of Physicians on Friday evening, March 10th, Dr. A. Hewson in the chair, in the absence of the President, Professor Gross.

After the usual business, an election of officers to serve during the ensuing year took place, with the following result:—

President—Professor Samuel D. Gross.

Vice-Presidents—W. C. Atlee, M. D., Elwood Wilson, M. D., J. M. Nolty, M. D.

Secretaries—Thomas H. Andrews, M. D., Richard J. Dunglison, M. D.

Treasurer—Professor B. H. Rand.

Executive Committee—E. Wallace, William F. Pancoast, M. D., W. B. Atkinson, M. D., J. H. Brinton, M. D., L. M. Townsend, M. D., J. M. Burton, M. D., H. Engle, M. D., R. J. Levis M. D., William Thompson, M. D., Wm. W. Keen, M. D., N. Hatfield, M. D., Professor O. H. Allis, E. R. Stone, M. D., Professor S. M. Gross, Professor A. Hewson, A. C. Bournonville, M. D., F. F. Maury, M. D., W. L. Knight, M. D., W. H. Warden, M. D., A. W. Johnson, M. D., Professor Jesse Williamson and R. S. Wharton, M. D. Adjourned.

The annual address before the alumni was delivered in the hall of the College of Physicians, Thirteenth and Locust streets, by Dr. J. M. Toner, of Washington, D. C. His subject was "The Medical Department and Surgeons of the Revolution."

Alumni of the University of Pennsylvania.

The Alumni of the Medical Department of the University of Pennsylvania held the regular annual meeting on the evening of Thursday, March 9th. After an interesting reunion, the following officers were elected for the ensuing year:—

President—Dr. George B. Wood.

Vice-Presidents—Drs. Joseph Carson, Meredith Clymer, W. S. W. Ruschenberger, John L. Atlee.

Corresponding Secretary—Dr. R. A. Cleeman.

Recording Secretary—Dr. Horace Y. Evans.

Treasurer—Professor R. E. Rogers.

Executive Committee—Drs. Hiram Corson, Edward Hartshorne, William Hunt, Andrew Nebinger, John H. Packard, H. Lenox Hodge, James H. Hutchinson, James Tyson, S. S. Stryker, W. F. Norris, Thomas J. Yarrow, J. B. H. Gittings, De Forrest Willard, Louis Starr, C. K. I. Miller, Frank Hand, J. M. Murray.

Orator—J. W. Woodward.

Medical Staff of the Centennial Exhibition.

We have already announced the appointment of Dr. William Pepper as Medical Director in connection with the Centennial International Exposition at Philadelphia. The duties of this position, which is a purely complimentary one, are to organize and supervise the Medical Service

at the Exposition Grounds, and to publish from time to time official circulars relative to the sanitary condition of Philadelphia.

In view of the large numbers of persons who will visit the Exposition, it has been deemed prudent to provide for the occurrence of casualties, or cases of sudden sickness, by the erection of a suitable building to serve as the Headquarters of the Medical Bureau; and by the appointment of a staff of medical officers, of whom one at least shall always be at this post during the hours of the Exposition.

Every facility will be provided for the immediate care and treatment of cases of accident, or sudden sickness. It is not, however, designed that any patients should be retained at the Medical Headquarters, but they will be conveyed, so soon as proper, in comfortable ambulances, to their place of residence, or to one of the neighboring hospitals.

The following gentlemen have accepted appointments as medical officers:—Jacob Roberts, M. D.; S. W. Gross, M. D.; H. C. Wood, M. D.; Roland G. Curtin, M. D.; Hamilton Osgood, M. D.; Theodore Herbert, M. D.

County Medical Societies.

At its session of 1875, the Medical Society of the State of Pennsylvania wisely urged upon the physicians of those counties where no organization exists the importance of forming County Medical Societies. We understand that the censors of the various districts, in conjunction with the permanent secretary, Dr. Atkinson, are actively furthering this work. We would suggest to all regular physicians in those counties, that they send their names to Dr. Atkinson, 1400 Pine street, Philadelphia, in order that all may be enabled to work, and have every county organized in time for the annual meeting of the State Medical Society, May 31st.

Dr. J. G. Kerr, of Canton.

Information received from China brings the intelligence of the resignation of Dr. Kerr, as one of the physicians and surgeons of the Missionary Hospital of Canton, an institution to which he devoted his best energies for a period of nearly a quarter of a century. His reasons for taking this step are the health of his family, and the want of educational facilities for his children. In accepting his resignation the Board of Missions tendered Dr. Kerr their thanks for his long-continued and valuable services, and their best wishes for his welfare and happiness. During his residence at Canton Dr. Kerr earned an enviable reputation, not only as a physician but also as a surgeon. As a lithotomist he met with a degree of success hardly equaled by any American or European surgeon. Latterly he had frequently as many as thirty, thirty-five, or even forty cases a year, with a remarkably slight mortality. He had also very great success in cataract operations, in the removal of tumors, some of them of huge size, and in cases of necrosis, of which the number is very great in China. The results of the labors of such a faithful and earnest worker cannot but prove highly beneficial in advancing the interests of medical science in China, and also, indirectly at least, in promoting the progress of civilization in the empire. Dr. Kerr is, we believe, a native of Ohio, and a graduate of the Jefferson Medical College of this city. We are sure he will meet with a cordial welcome from his professional brethren, after so long an absence from the United States.

Female Students.

The number of young women who are studying medicine at St. Petersburg has considerably increased. The level of their attainments is also higher, and the reports of the professors are more favorable. The feminine students are 171 in number, of whom 23 are married women, 102 noble, 17 daughters of traders, 12 of ministers of religion, and 15 of families of the middle classes.

During the past session two ladies have been attending the lectures at the Philadelphia College of Pharmacy.

Medical Society of the State of Pennsylvania.

The Twenty-seventh Annual Session will be held in the city of Philadelphia on Wednesday, May 31st, 1876, at 3 P. M. The appointments are:—To prepare—The Address in Surgery, Dr. D. Hayes Agnew, Philadelphia. The Address in Obstetrics, Dr. R. Davis, Wilkesbarre. The Address in Medicine, Dr. James Aitken Meigs, Philadelphia. The Address in Hygiene, Dr. Benjamin Lee, Philadelphia. The Address in Mental Disorders, Dr. John Curwen, Harrisburg. The Secretaries of County Medical Socities are earnestly requested to forward *at once* their lists of *Officers and Members*, with the *Post-office address of each member*.

WM. B. ATKINSON, M.D.
Permanent Secretary,
1400 *Pine Street, Philadelphia.*

Personal.

—It is proposed to celebrate the fiftieth anniversary of the doctorate of Professor Stromeyer by a formal meeting of eminent surgeons of England and Germany.

—The Lord Mayor of Dublin is a prominent physician—Dr. G. B. Owens.

—Professor Schröder, of Erlangen, the author of the well-known work on *Obstetric Medicine*, has accepted an invitation to the Chair of Midwifery in the University of Breslau, vacant by the death of Professor Martin.

—A writer states that in the Ohio and Mississippi Valley the "greenback belt" is almost throughout coterminal with the fever and ague ridden districts. The connection were a curious subject of study.

QUERIES AND REPLIES.

Hair Tonic.

Dr. S. K. of Ala.—The following is the prescription you wish, from Erasmus Wilson's book "On Skin Diseases," fifth edition:—

LOTIO CAPILLARIA STIMULANS.

R.	Olei amygdalæ dulcis,	1 ounce
	Liquoris ammoniæ fortiss,	1 ounce
	Spiritus rosmarini,	4 ounces
	Aquæ mellis,	2 ounces.

Misce fiat lotio.

Strangury.

ED. REPORTER:—If L. N. D., of Indiana, will use the following prescription, he will relieve his patient of the Strangury he speaks of in the last No. of the REPORTER.

R.	Creasote		
	Vinegar,	aa	gtt xij
	Aqua cinnamon,		3 ounces.

M. Dose, one teaspoonful, in water, every two hours, until relieved. J. FOREMAN, M.D.

Port Royal, Ky.

ED. REPORTER.—If there be an idiosyncrasy against the use of a medicine, would not the exhibition of it be injurious? viz: How could a case of congestive fever be treated efficiently, if quinine, the established "sine qua non," be at variance with the peculiar susceptibility of the system?

D. B. P.

Dr. J. S. H., of S. C.—We cannot find that the papers to which you refer have been translated.

OBITUARY.

HENRY F. ASKEW, M. D.

We regret to be called upon to chronicle the death of this veteran physician. For many years we have met his cordial grasp of the hand, and his cheerful welcome, at the sessions of the American Medical Association. By all those who have been regular attendants at these meetings, no one will be more missed or regretted than the subject of these remarks. The death of Dr. Askew occurred at Wilmington, Delaware, on Sunday, March 5th, 1876, of apoplexy.

Dr. Askew was born June 24th, 1805, in Wilmington, and hence, had attained the age of 71 years. He was a descendant of Sergeant John Askew, who is mentioned in history, as having been present at the taking of Fort Casimir, on the site of which Newcastle is now built, by the English, in 1664.

He received an ordinary English education, and commenced the study of medicine under the late Dr. William Gibbons, graduating as Doctor of Medicine at the University of Pennsylvania, in 1826. He first commenced practice in Ohio, and next in Centreville, Pa., but shortly returned to Wilmington, at which place he continued in practice until the day of his death. He speedily acquired a large and lucrative practice, following which he proved remarkably successful.

Nor was he satisfied alone with the practice of his profession, for we find him actively engaged in medical organizations. He was an active member, and also President, of the State medical Society of Delaware. From the day of its organization he was earnest in furthering the success of the American Medical Association. He rarely failed to be present at its sessions, and in 1859, at Washington, he was elected first Vice-President, and in 1867, at Cincinnati, he filled the office of President.

When the Judicial Council was formed, in 1873, he was elected a member for two years. Prior to this, he was almost constantly a member of the Committee on Ethics, in which trying position he acquitted himself fully to the satisfaction of every one.

Dr. Askew was of too ardent a temperament to be satisfied without taking part in everything of a public nature, and hence, we find him an active partisan in politics; postmaster of his city, member of Councils, and at one time named for Governor and United States Senator.

About three years ago he lost his wife, who had long been to him a faithful companion. He leaves three daughters, but no son to perpetuate the Askew name. W. B. A.

MARRIAGES.

BAXTER—TRYON.—March 9th, 1876, J. H. Baxter, M. D., of Washington City, and Florence Tryon.

DUFFIELD — YOUNGER. — Thursday, March 9th, 1876, at the residence of the bride's parents, 1869 Frankford road, by Rev. Wm. Greenough, Mr. Harrison Duffield, M. D., and Miss A. Melissa Younger, both of this city.

FAIRLAMB—BUEHLER.—March 9th, 1876, by Rev. Wm. M. Baum, D. D., Dr. George W. Fairlamb, and Miss Laura T., daughter of Mr. Martin Buehler.

HALL—GOODELL.—January 27th, in Plattsburg, New Jersey, by the Rev. J. B. Davis, the Rev. Henry R. Hall and Mary E. Goodell, only daughter of Dr. George Goodell.

MAGIE—MCCOSH.—February 23d, at Princeton, N. J., by Rev. James McCosh, D. D., LL. D., Dr. David Magie, of New York city, and Margaret S., daughter of the officiating clergyman.

VAN VALZAH—ADAMS.—February 23d, by the Rev. James Robinson, Robert T. Van Valzah, M. D., and Ella E. Adams, all of Ashland, Pa.

YOUNG—LAFON —On Monday, Feb. 28, at the residence of the bride's parents, by Rev. Dr. Stearnes, Annie Catharine, daughter of Thomas Lafon, M. D., and Charles Young, M. D., all of Newark, New Jersey.

DEATHS.

ASKEW.—On Sunday morning, March 5, Henry F. Askew, M. D., in the 71st year of his age. Residence, Wilmington, Delaware.

BARLOW.—At his residence in New York, on the 28th inst., Samuel Bancroft Barlow, M. D., aged 78 years.

CORSON.—On Friday morning, March 10, Mary K., wife of Dr. Thomas J. Corson, and daughter of George W. Steever, of this city, in the 49th year of her age.

FREEBORN.—In New York, on Sunday, February 27, William A., infant son of Dr. Geo. C. and Adelaid Y. Freeborn.

HARRIS.—At No. 43 E. Thirtieth street, New York on February 23d instant, Dr. Francis L. Harris.

HOFFMAN.—On Monday, the 28th of February, at Morristown, New Jersey, Edward Seton Hoffman, M. D., in the 47th year of his age.

KIRBY.—In New York, on Monday, March 6, Stephen R. Kirby, M. D., aged 75 years.

LEEDY.—At Warsaw, Indiana, on the 16th of February, of pneumonia, Dr. John K. Leedy, after an illness of eight days.

PARRY.—At Jacksonville, Florida, on the morning of the 11th inst., Dr. John S. Parry, of Philadelphia, in the 34th year of his age.

TREACY.—On the 9th instant, of scarlet fever, Agnes, daughter of Dr. D. J. and Mary F. Treacy, aged five years.

THE

MEDICAL AND SURGICAL REPORTER.

No. 995.] PHILADELPHIA, MARCH 25, 1876. [Vol. XXXIV.—No. 13.

Original Department.

Communications.

A CASE OF BRAIN DISEASE CHARACTERIZED BY DOUBLE RETINITIS, LOSS OF INTELLECT AND PROGRESSIVE GENERAL PARALYSIS.

Read before the Indiana, Illinois and Kentucky Tri-State Medical Society, October 27th, 1875.

BY T. N. RAFFERTY, M. D.,
Of Palestine, Illinois.

On account of the peculiar difficulties surrounding the study of the disordered conditions of the brain, their prognosis and treatment, such cases are watched, and their history noted, with more than ordinary interest. The greatest cause of these perplexities has been well expressed by Dr. Watson,* as being due to the fact that the very same symptoms accompany alterations of the brain of the most opposite kind; while changes of structure, absolutely identical in their nature, are associated with totally different symptoms. In fact, until recently, very few of the many obscure cases of brain trouble were properly diagnosed prior to the revelations made by the autopsy. Fortunately, since the discovery of the ophthalmoscope and its uses, many of these cases are now made out weeks, and even months, before the patient suspects that he is laboring under any very serious lesion. With the hope of contributing something of interest in the history of the occasional cases that are presented, I offer the following, premising by saying that although many cases have been recorded of a similar nature, yet in some of the phases presented during the progress of the case herewith reported it differs materially and widely.

Case.—F. T., merchant, aged 60, habits sedentary, very plethoric, weight 200 pounds. A high liver, but uses no spirituous or fermented liquors. May, 1874, states that some five years ago he had an attack of what was pronounced by the attending physician sunstroke, from which he soon recovered. Had no further trouble of any kind until March, 1872, when he discovered a rapid loss of vision in left eye. In April of the same year he consulted Professor E. Williams, of Cincinnati, who diagnosed detachment of the retina, and of course, regarding the case as hopeless, ordered no treatment. Six months afterward he found, to his surprise and great delight, that the power of vision was returning, and he could distinguish faces quite well with the sound eye covered. A short time after this the right eye began to fail, traveling, to use his own expression, the same road the other had gone at first. Such was the history of the case as he gave it to me in May, 1874. General health seems to be excellent. A careful examination of urine showed nothing abnormal; no albumen, no tube casts. Heart sounds normal. The patient declares there is nothing the matter, only that he is losing his sight. Externally the eyes appear perfectly normal. Conjunctiva not injected, and action of pupils good. There was a constant dark-colored circle around the field of vision, but which, on looking intently at a given object, gradually became more and more transparent. Suffers no pain whatever, and never has. No

* Practice of Physic.

ophthalmoscopic examination was made, and the case was supposed to be one of tobacco amaurosis. He was put on the use of iron and strychnia and iodide of potassium, which were continued perseveringly for a period of three months, during which time there was little change in the state of vision.

In September I took the patient to consult Dr. Williams, who, on making a most thorough examination with the ophthalmoscope, found existing double neuritis, with evidence of extensive hemorrhages, the effusion into the vitreous humor nearly covering the optic discs. Here there was a case of retinitis that, from the man's history and present condition, was not due to either syphilis, alcoholism, or albuminuria. The only feasible way, then, was to conclude, by way of exclusion, that the cause was intercranial, with all the probabilities in favor of a tumor at the base of the brain, as the history was not such as usually accompanies chronic softening. These conclusions being correct, the prognosis could, of course, be made with great accuracy. The patient was ordered to continue the use of the iodide of potassium, in as large doses as he could bear, and to have a full dose of compound cathartic pills twice a week. A large seton was put in the nape of the neck, and an abstemious diet ordered, hoping, not so much for any reduction of the size of the tumor, but rather to check further mischief, and thus, at least, prolong life.

October 5th. Patient thinks his vision is decidedly better with left eye; the other unchanged. Treatment continued.

October 15th. Sight has been perceptibly improving, and the man has great hopes of recovery, the gravity of his disease not having been made known to him.

November 1st. Has still been better, until this morning, when, on awakening, patient found his vision less distinct; complains of a difficulty in locomotion; says he feels as though he were drunk. There seemed to be not so much a paralysis of the muscles of the extremities, but rather a lack of the power of co-ordination of muscular movements. There is also a slight indistinctness of articulation; so slight, however, as not to attract the attention of the casual observer. The expression of his countenance is changed into that peculiarly silly and meaningless look so graphically portrayed by Da Costa.*

* Medical Diagnosis.

November 15th. Patient's condition has remained unchanged in most respects, the mental disturbance being more marked, and state of vision rather improved.

December 1st. Vision has been much improved again, but two days ago got suddenly worse. The improvement was due, no doubt, to the absorption of the previous hemorrhages, and the relapse occasioned by a recurrence of the same trouble. Indistinct articulation decidedly more marked. Complains of loss of memory and weakness of extremities. Slight anæsthesia of skin; appetite still good; urine free; suffers no pain. Weight 180 pounds; a loss, in two months, of twenty pounds. A second seton was introduced in the nape of the neck, and the patient ordered to discontinue the compound cathartic pills. Iodide of potassium to be continued.

December 10th. No change has occurred, except a very slight increase of the paralysis. Vision the same; still rests well at night, and suffers no pain whatever. Shuffles his feet along in walking, being unable to get them up off the ground any distance, but sweeping them round, more as do persons with hysterical paralysis than in cases of paraplegia. Discontinued all treatment, except a placebo ter die, and to order friction and hot baths to extremities.

December 31st. But little change since last record until on seeing my patient this morning, when I found him unable to stand without help. Talks very indistinctly, protrudes his tongue slowly and with difficulty, but directly forward. Pupils dilated, and react sluggishly. Increased anæsthesia of lower extremities. The expression of his countenance is decidedly idiotic. Appetite good, tongue clean, pulse normal, bowels regular, and suffers no pain. Is very stupid, and sleeps constantly, except when aroused to eat. The drowsiness continued until January 3d, a period of four days, when he began suddenly to be restless, and showed symptoms bordering on a state of furious mania. To have one-eighth of a grain morphiæ sulphas every three hours until he was quiet.

January 4th. On visiting my patient, found but little change; has slept some, but when not under the influence of the morphine is still restless, showing at times only a condition of mental wandering and imbecility, then becoming more and more furious, until for several minutes he is a raving maniac, requiring force

to be kept in bed. Pulse 75, full, soft and natural; tongue slightly furred, and appetite not quite so good. Some bronchial irritation was noticed, which I supposed would increase, as is usual in such cases, until he would die asphyxiated. Examined urine for albumen, and found no trace. Ordered forty grains bromide potassium every four hours, when awake.

January 5th. Had a restless night; mental condition much the same, but is, at intervals, more rational. At such times is fond of talking about his eyes, and testing his power of vision, which is unchanged; can distinguish objects, but not faces. Pupils contracted, and still sluggish to the action of light. Is still furious at times. Pulse 85, and rather hard; appetite poor; bowels costive; urine free, but highly colored; a most offensive breath. The bronchial difficulty seems to have entirely disappeared. Gave cathartic, and is to get thirty grains hydrate chloral as often as necessary, to keep him quiet.

January 6th, 8 A. M. Passed a quiet night; still suffers no pain. Cathartic operated well; is still furious when awake. Articulates very indistinctly; tongue seems to be almost completely paralyzed, is heavily coated, and very dark. Pulse 95, smaller and harder. Continued the chloral as often as necessary. At 6 P. M. found my patient had been restless most of the day. Seems very much weaker, and is very thirsty. Has taken but little nourishment. His tongue is badly swollen, and dry, and stiff as a piece of wood. Can hardly make his wants known. Extremities warm, and no increase of paralysis. Vision remains about the same. Continued chloral.

January 7th. No change noted. To have the chloral alternated with bromide potassium.

January 8th. On making my morning visit, learned that he had been quiet most of the night. Present condition very much changed. Pulse 120, small and wiry; respirations 14, regular and easy. Pupils greatly dilated, and fail entirely to respond to the action of light. Is incoherent and unintelligible. Passes urine freely and involuntarily. Is to have what nourishment he can be induced to swallow, and brandy and water occasionally.

January 9th. Patient was stupid during the entire night. His condition in most respects is unchanged. Still breathes easily and regularly, fourteen to the minute; pulse 130; pupils still dilated; and skin bathed with a clammy perspiration. Can only be aroused with difficulty, and is then apparently conscious of but little. Tongue enormously swollen. He remained in this condition until midnight, when he again became restless and wild for half an hour, but is too much exhausted to be troublesome.

January 10th, 8 A. M. Patient perfectly comatose; pulse 150; respiration 12, and stertorous. Condition in other respects unchanged

8 P. M. Pulse 160, and so small as to be scarcely perceptible at the wrist. Respiration six to eight, but breathes more quietly. Has not been roused up since morning. Bowels have not moved for two or three days. Still urinates frequently. Died by coma at eleven P. M., without a struggle or the twitching of a muscle.

The diagnosis in this case, as to the precise nature of the brain trouble, was not verified, as no post-mortem examination was allowed.

Reviewing, however, some of the symptoms and the general history of the case from its inception, we find that the partial loss of vision was the first circumstance that evinced any sort of trouble to this man. There was no heart disease and no disease of the kidneys. These things being excluded, then come up for consideration softening of the brain, chronic meningitis, and a brain tumor. Now, in patients affected with either of these diseases, the symptoms and history, of course, vary greatly,* yet there are certain series of manifestations that are usually attributed to each. All who have written on this subject, as far as my observation extends, unite in giving as one of the most prominent and earliest symptoms severe and continued pain in the head. The existence of softening † is differentiated from tumor by the headache being dull and persistent, instead of violent and paroxysmal. In this case there was never any headache, nor pain anywhere.

When a tumor is present there are said to be almost always epileptiform convulsions;‡ in this case there was nothing of the sort, unless, indeed, the attack (called at the time sunstroke) should be called in question, which is hardly possible, as the man had uninterrupted good

* Watson. † Da Costa.
‡ Ibid. Vide Dr. Woodbury's report of Professor DaCosta's case at the clinic of the Pennsylvania Hospital, in the MEDICAL AND SURGICAL REPORTER for January 1st, 1876.

health for a period of five years afterward. Yet, taking the history of the case from its incipiency to the end, I incline to the opinion that this man died from a tumor in the base of the brain, pressing on the optic tract and the parts adjacent. I wish now to be allowed briefly to allude to the almost entire recovery of vision in the eye first affected, and which had been diagnosed as detachment of the retina. If the diagnosis was correct, the recovery, although temporary, was certainly remarkable. Another point I wish to notice is in regard to the invaluable aid of the ophthalmoscope in these obscure cases, in which, without its help, we should be groping in constant darkness. While in this case it did not determine the exact nature of the disease, yet it was sufficient to enable the making up of a prognosis of absolute accuracy. In thus calling the attention of general practitioners to the necessities demanding their use of this instrument, formerly thought to belong exclusively to the oculists, I know that I run the risk of calling down on my head the anathemas of some who believe in nothing that is new, and are forever fretting about such innovations as the microscope, the hypodermic syringe, the various speculi and the ophthalmoscope. To all such, I would quote a single sentence from a famous surgeon, M. Verneuil,* who says:—"In approaching the difficulties of clinical study, the present generation arms itself at the outset with all the resources which are generally lent by the sister sciences; it holds out its hands to the ancients, and to the moderns, to the English, the Germans, and the Italians, in order to borrow facts and ideas; it divides its time between the laboratory and the dissecting-room, the library and the hospital; in a word, it renounces no source of instruction, being neither so senseless nor so vain as to repudiate whatever may render science more complete, and practice more efficacious."

SALICYLIC ACID IN CHRONIC OTORRHŒA.

BY D. A. HENGST, M. D.,
Of Dixmont, Penna.

The difficulty of arresting chronic aural discharges is only too well known to the profession; and in a great many cases, the patient, after passing the rounds of all the doctors, and having exhausted upon him nearly the entire materia medica, is no better than when he first begun.

Very often the difficulty lies in a want of proper cleansing before the application, and the use of irritating substances which, instead of alleviating, will increase the discharge. Now, chronic ulceration of the ear will, generally, require the same treatment as chronic abscess of any other part of the body. First and foremost of all is thorough cleansing, and the removal of all pus and offending matter in the ear. The best method is syringing with warm water and soap. This must be done gently, lest, in case of ulceration of the tympanic membrane, which has not yet proceeded to perforation, it might be ruptured, and thus entirely destroy the hearing of the affected side. But in cases the result of scarlatina, the ulceration has, generally, destroyed the tympanum before they fall into the hands of the physician; and, although the hearing cannot be restored, the patient desires to be cured of the pain and offensive discharge, which, in a great many instances, they have had for years. The most common remedies with us, until lately, have been nitrate of silver, in from twenty to thirty grains to the ounce of water, injected into the ear every third or fourth day; sulphate of zinc, and Goulard's extract, with the addition of a few drops of laudanum to the latter. It has always been our habit to apply these remedies ourselves, and to discontinue them if they caused too much pain.

Having lately seen considerable advantages derived from the application of salicylic acid to ulcerated and inflamed surfaces, I determined to try its effects in chronic otorrhœa, and will report the following case as the result of my observation.

G. W. Mc., aged 25, applied, September 1st, 1875, for treatment, with the following history:

He had scarlet fever when about five years of age, and since then has had a continuous discharge from the left ear; also, at times, has considerable pain in the affected ear, and entire loss of hearing of the left ear. With the exception of occasional attacks of indigestion, his general health is excellent. Upon examination, we found the tympanic membrane entirely gone, which he confirmed by closing his mouth and nostrils, and forcing air through the ear. The lining membrane of the parts was greatly hypertrophied and reddened, and almost entirely concealed by offensive purulent matter. The discharge was so excessive, that in the morning he

* *Gazette Hebdomadaire*, September, 1869.

would frequently find his pillow stained. The patient, being a highly intelligent young medical man, had left no stone unturned toward effecting a cure, and had used all the means appropriate to such cases, but with no success. After thoroughly cleansing the ear, we blew into the cavity, through a quill, a powder consisting of equal parts of salicylic acid and oxide of zinc, its presence causing no inconvenience whatever. In a few days the ear was again examined; the discharge was considerably diminished, but the oxide of zinc hardening in the ear, we this time used one part of the acid with two parts of calcined magnesia, and this had a more desirable effect. These applications were continued, on an average of about two per week, finally using nothing but the pure acid, pulverized, but every time thoroughly cleansing the ear before making the application. The discharges and pain gradually diminished, the cavity of the ear less reddened, and by the middle of December, three months and one-half after the first application, all discharge had ceased, and the cavity of the ear had a natural appearance; he was pronounced well.

PNEUMONIA OF MALIGNANT TYPE.

BY L. N. DAVIS, M. D.,
Of Farmland, Ind.

Owing to the extreme fatality of pneumonia in our section this winter, I am led to report a few cases which have fallen under my care, and hope thereby to put others on the alert, as this is the time of year at which it is most prevalent.

Last winter I treated, I think, fifteen cases of croupous pneumonia, for it was much more prevalent than it is this winter, with but one death. This winter, thus far, I have treated four cases, with two deaths. Such is about the rate of fatality, fifty per cent., in this disease, in the practice of some of my neighboring physicians, also; and it is certainly altogether unusual. I presume it is of about the gravity that it was in New York last winter, when, at a stated meeting of the Academy of Medicine, its etiology and treatment were the subject of discussion. (MEDICAL AND SURGICAL REPORTER, Vol. xxxii, No. 13, p. 246.)

Professor Flint, by whom the discussion was commenced, says: "Pneumonia is a disease showing marked diversities in its nature in different places, and at different times." Do these diversities depend wholly and intrinsically upon the cause of pneumonia, the extent of the exposure, the severity of the poison, as perhaps indicated by Professor Flint, or upon the condition of the patient as produced by previous or concomitant influences? As, for instance, that which produced our epidemic influenza three years ago, of which we still have a few cases; not epidemic, however. Is it not possible that such an influence might render pneumonia slightly different in its nature and more fatal in character? Professor Flint, in his practice, says that in pneumonia occurring as a primary disease, limited to a lower lobe, and without complication, in persons of a fair constitution, the intrinsic tendency is to recovery. Such has generally been my experience, but this winter the intrinsic tendency is toward death, by the extension of the disease.

Of my cases, the history runs as follows:—Isaac B., age 53, carpenter; fair constitution; never has had much sickness; took a chill December 13th, in the night. December 15th, complains of pain in right side; slight cough; has expectorated one or two rusty sputa. Temperature 103; respiration slightly hurried and painful; pulse 72, full and compressible. Presents all the physical signs of pneumonitis of lower lobe of right lung, with the ordinary train of constitutional symptoms. Progressed favorably enough up to 20th, there being no material change in symptoms except in cough and expectoration, which entirely disappeared. 20th, complains of chilly sensations, shortness of breath; wants to be fanned; has pain in left side; temperature 103½; pulse 80, feeble; respiration 45. Examination showed solidification of left lung. Rapidly grew worse, and died at 3 P. M. on 21st, by apnœa.

George M., farmer, aged 60; good constitution; never had any sickness since he was grown; had a chill in the night, February 10th. Saw him on the 11th, in evening; has pain in right side; slight cough; has expectorated a little rusty matter once or twice; temperature 104, pulse 80, respiration 32. Has all the physical signs of pneumonia, involving lower portion of right lung. Progressed favorably enough, there being but little cough and no expectoration, till the 16th, when he complained of being chilly and cold, slight pain in left side, great difficulty in breathing, etc. 17th, pulse 96, temperature 104½, respiration 42. On examination found left lung involved in the pneu-

monitis to the extent, perhaps, of the whole of the lower lobe. Continued to grow worse, and died at 1 A. M. on the 18th, by apnœa; pulse being full and regular a very short time before death, when last I saw him.

Robert D., aged 21, fair constitution, was attacked with chill and pain in right side, December 1st; no cough nor expectoration; pulse 68, temperature 102. December 3d, has all the physical signs of pneumonitis, involving lower portion of right lung. December 8th, is chilly, pain in opposite side, great dyspnœa, labored action of heart, etc. The following day disclosed solidification of lower and posterior aspect of left lung. Boy recovered perfectly, but slowly.

My fourth case was unilateral, and presented nothing peculiar.

My treatment, in all of the cases, consisted in the application to the affected side of large poultices of mustard and flaxseed, in the early part of the disease; afterward small blisters, which were kept up; and in the use of opiates sufficient to allay pain; quinia, from the beginning, in 3-grain doses every three hours, to which, after the third day, were added five grains of carbonate of ammonia, and brandy, in varying quantities, as patient could take it. Saline purgatives when necessary, and veratrum when indicated by frequent pulse and dry, hot skin.

Medical Societies.

PROCEEDINGS OF THE MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

The Use and Abuse of Various Agents for Expediting Labor.

BY S. W. SELDNER, M. D.

Reported expressly for the MEDICAL AND SURGICAL REPORTER, by G. L. Wilkins, M. D.

It is difficult to treat a subject which in so few words embraces such an extensive train of thought, and especially a subject in reference to which opinions differ so vastly. It must be confessed that, after practicing for a certain period, medical men treasure up certain dogmas to which they adhere with a degree of persistency that is certainly marvelous. Nothing will dissuade them from again adopting what they have always been in the habit of using. They believe as much in the use of the binder as a measure of safety from hemorrhage after delivery, and as a support for the distended uterine fibres, as we of the present day do of iodide of potassium in syphilis. Yet its use can be dispensed with, and I have met patients to whom the same was annoying. I do not wish to infer that it must be thrown aside. There are certain cases which demand its application, as, for instance, rupture of the uterus; in this particular complaint the presence of a well-graduated compress and binder will tend to keep the uterus *in situ*, and prevent a recurrence of prolapsus of the intestines and its consequences. But for simple, easy and natural labors it is practically useless, although this is one of the many humbugs in our profession in which we are compelled to consult the wishes of our patients; not that we have any say in the matter: fashion demands that it should be brought into requisition, and we are supposed to be the dispensers of that peculiar kind of fashion, hence we must comply.

There are a certain class of remedies the application of which gives us at times. I might say generally, such beautiful evidences of their value in the practice of our art, that, should indications present themselves, we would not hesitate to administer them. Under this head I would embrace the preparations of opium, hot drinks, and the hot bath. Their action is easily understood: they tranquilize the nervous system by ameliorating or removing the pain which is present in nearly every labor, and in this way permit the uterus to undergo its normal function of contraction and relaxation; in other words, they act as muscular tonics and nerve sedatives. Many cases, through the use of these agents, have terminated naturally, which at first sight it was feared would require instrumental interference. I remember an instance, when there were three or four Americans (including your humble servant) and a number of German and Austrian physicians assembled in the delivery wards of Professor Carl von Braun's clinic, when Dr. Chiari, who was then one of the clinical assistants of Professor von Braun, informed us that he would perform craniotomy on a patient who was at that time in labor, and had been so for eighteen hours or more. The patient was a multipara, who had previously given birth to two children, which she said were under the medium size and weight of children born at maturity. The pelvis was narrow, the antero-posterior diameter measuring three and a half inches; the head was above the superior strait and movable. Everything was in readiness to carry out the proposed operation, but Dr. Chiari thought it his duty to inform Professor Braun, who resided in the hospital, of the proposed procedure in the case, and he ordered a hip bath for the patient and left the ward. Professor Braun, who accompanied him upon his return, was very much astonished to find his craniotomy patient in the expulsive effort of giving birth to a very fine child. I am confident instrumental interference would have been necessary had not this remedial measure been brought into use.

One of the most abused agents that obstetricians are wont to prescribe is ergot, in its dif-

ferent forms. That the remedy, when judiciously applied, is followed by a remarkable increase in the uterine contractions, no one will doubt; but I said *judiciously applied*, consequently this requires an explanation. In this country it is given without regard to the condition present. Whether the subject be a primipara or pluripara, it remains the same; all that is required is, that the labor should be somewhat tardy. The uterus must be stimulated to contraction; ergot did it in a previous case; ergot will do it again. But the question to be answered is, whether ergot is safe when administered previous to the birth of the child. I think not, and will advance my reasons for the assertion. In a primipara the soft parts are very unyielding; as a natural consequence, labor goes on slowly; the presenting part makes but little progress. With every uterine contraction the cervical tissue elongates. The elongation of any tissue is, generally, attended with that process known as "thinning;" and Meigs, in his treatise on obstetrics, says:—"A uterine pain caused by the ergot may last twenty minutes, or even half an hour, without a moment of suspension." Now, considering that such a case were to present itself to us, and we would administer ergot, would we not add greatly to the production of an irreparable injury, as rupture of the uterus and vagina? Women who have previously given birth to children require no agents to hasten labor; they generally manage to get through unassisted, and should there be any tardiness, the same may be attributed to some pelvic contraction, or abnormal rigidity of the soft parts; and pelvic contraction, or rigidity, is just the condition which contra-indicates its use. In this assertion I have the endorsement of Ramsbotham, who says, in his "Obstetrical Medicine and Surgery," page 213:—"Its exhibition must not be thought of in any case where a disproportion exists between the head of the child and the pelvic cavity; we should incur great danger of contusion, inflammation and laceration. Neither must it be exhibited where there is a disposition to rigidity of the parts—either the os uteri, the vagina, or the perineum—through fear of the same dangers." In such cases we will do far better by watching the condition of the mother and child; and should the indications demand it, we can resort to the use of instruments."

That ergot is contra-indicated in malpositions and abnormal conditions of the fœtus, such as hydrocephalus, is self-evident, and need not be explained. But before concluding with ergot, let me state that a number of still-births which we at times meet, especially after the administration of the drug, might be attributed to its maladministration, and in such cases the tonic and the persistent contraction which the uterus was compelled to undergo compressed the cord, and in this way cut life short; therefore, I consider ergot safe, and only then, when the uterus is completely evacuated.

Abdominal friction is one of the very best agents for expediting labor, but I think its general application needs some explanation. It is an erroneous assertion that labor may be speedily terminated by bringing a great pressure to bear upon the uterus; and by squeezing the abdomen we would cause the fœtus to more hurriedly traverse the maternal parts. By gentle friction and pressure we excite healthy contractions; but as for squeezing the child out, as we would squeeze some semi-solid matter through a cloth, it is ridiculous, and carries the evidence of absurdity upon its face. I am in the habit of stimulating the uterus through friction, but I never practice it to such a degree as to call forth entreaties from my patients to desist. When once the uterine or abdominal muscles contract and become tense, it is useless for any one to think that pressure will influence the expulsion of the fœtus. You might lay a hundred-pound weight on the contracted muscles, and they would yet be so rigid and resistant that even relaxation would be entirely out of question.

Rupture of the Membranes. This is an interference which has its merits and demerits, and its general applicability must be studied in each and every individual case. That it hastens labor to evacuate the amniotic liquor cannot be doubted, but that it is not advisable in every case will be clear. Its method of action is entirely mechanical. By allowing the waters to drain away, the cavity of the uterus is diminished; so that you do not alone permit the uterus to exert its action upon the fœtus, which was formerly directed to the bag of waters, but the uterus, contracting from above, forces the but partially resisting head into the cervix, whose fibres are distended, and are kept distended during the stage of quiescence by this measure, while during the absence of a pain the bag of waters collapses. In this way we bring a play to bear against the cervix, which more readily distends it, and allows it to retract over the head. Rupture of the membranes must not be practiced indiscriminately, as it at times incurs the life of the child. In primiparæ it should only be done when the presenting part (that is, if the presentation is normal) is low down, and the os considerably dilated. By opening them when the os is yet small, we cause the patient considerable suffering, the uterine contractions after rupture of the membranes being decidedly stronger than they were prior to their evacuation.

In a multipara with a normal pelvis and head presentation, I generally rupture the membranes at the earliest opportunity afforded me. I know that we can do no harm, as the parts yield very readily; but care must be taken, should the head be above the superior strait, that nothing but the head should entirely cover the os. It is a custom with some physicians to withdraw their fingers from the vagina the moment they have succeeded in evacuating the amniotic liquor; but this is injudicious practice, as at times there is so much fluid that the umbilical cord, or a hand or foot, is washed down with the first gush of water; and if these are

not replaced at once, you have either a weeping family, or a difficult case to contend with. It is, therefore, a good rule, never, in such cases, to rupture the membranes until the head dips deep enough into the excavation.

Electricity, as a means of expediting labor, is a measure seldom if ever resorted to, and in the practice of our art we have so many better and reliable agents, that it must of necessity fall into disuse; but as an energizer to an atonic uterus which threatens life from post-partum hemorrhage, I think it deserves being mentioned. In a hospital, where all that is required in conducting a labor is at hand, it may be, and I have no doubt it has been, applied with success; but the practitioner who is not a specialist would find it cumbersome to carry.

Belladonna Ointment. This remedy, in my estimation, is worse than useless; and, in the majority of the cases where it has been tried, the physician was afterward called to treat the symptoms produced by the absorption of the drug. Why is it applied? To tell the truth, I have never seen an explanation, nor have I seen a description of how it acts physiologically in expediting labor; but I have a faint idea concerning the false theory which brought it into use. The supposition was, that its happy effects in dilating the pupil would act similarly upon the cervix uteri; but this theory is practically erroneous, and, even if true, can have no value, as the dilatation of the cervix is only influenced through the propulsive action of the uterus, and the more rhythmical the propulsive action goes on, the sooner will labor be completed. If in the event the agents that I have enumerated as being true expedients of labor should not act as we would wish them, then a timely and efficient use of the proper instruments will overcome the existing difficulty.

Dr. A. B. Arnold. There are two causes that frequently retard labor, and are worthy of mention: rigidity of the os and failure of the head to make complete rotation. Rigidity of the os is most frequently met with in primiparæ, and may be overcome by the administration of chloroform, opium, etc. Opium may be used to great advantage in this class of cases, and we have an early evidence of its operation in the glairy mucus which is discharged after its administration. The forceps will often succeed in correcting incomplete rotation; even if we do not succeed in locking them, the effort of introducing the blades will serve to remedy the mal-condition. Kneading, a process so successful in the hands of others for expediting labor, has not proven so satisfactory in my hands. It is a peculiarity with some women to rest unusually long between the pains, and when there is nothing to contra-indicate, ergot should be given. It is worthy of special mention as an agent for the prevention and control of post-partum hemorrhage.

Dr. Seldner. The prolonged interval between the pains may be best remedied by the evacuation of the waters.

Dr. Arnold. Rupture of the membranes generally succeeds; but in some cases it does not.

Dr. Lynch. The bag of waters assists in the dilatation of the os, and its early rupture is injudicious, and frequently delays the labor; but when dilatation has reached about two inches in diameter, it may then be advisable. During the second stage of labor, when this diameter is reached, the forceps may be used to complete the dilatation and speedily terminate the labor.

Dr. Cathell. In rigidity of the os, I am in the habit of using the following, with good effect:—

℞. Aquæ camph., ℥ss
Morph. sulph., gr. ¼. M.
Sig. Every hour, if necessary.

Encouragement, occasionally, has a good mental influence; and dragging on the os or perineum will often accelerate the pain. In one case in which I used the belladonna ointment, the characteristic symptoms of its toxic effect manifested themselves.

Dr. Arnold. The dilatation of the os is not a passive or mechanical thing, but an active and physiological process; it is the result of an antagonism between the longitudinal and circular fibres of the uterus. The walls of the uterus are applied to an ovoid body; the contractions going on in the longitudinal fibres are unable to diminish the cavity of the uterus, hence all their power must be spent in drawing upon those parts of the circle which form the orifice, where they are inserted, and thus remove them from the centre of the opening. Dilatation of the os goes on *pari passu* with the pain.

Editorial Department.

Periscope.

Ergot Internally for Epistaxis.

In the British *Medical Journal*, Dr. George St. George, of Lisburn, observes that the treatment of epistaxis is often attended with great difficulty, especially in persons enfeebled by age. He has found ergot of use in cases where liquor ferri perchloridi, plugging, and other remedies had been tried without avail. The following is one of the cases he records:—Weak anæmic woman, aged fifty-five; had been suffering for three days from repeated and

violent attacks of hemorrhage from the nose, which had increased in both frequency and violence during the last twenty-four hours. The nostrils were first plugged with lint and cold water. Dr. St. George then tried plugging with lint dipped in liquor ferri perchloridi, but without avail, as the hemorrhage continued. He then ordered her a mixture, each dose to contain fifteen minims, of liquid extract of ergot every quarter of an hour until the hemorrhage ceased, and then to be continued every four hours for a day or two. In an hour and a half the bleeding had entirely ceased and never returned. He gives the details of two other cases successfully treated by the same means.

Deaths from Nervous Diseases.

In an article by Dr. Althaus, in the *British Medical Journal*, one point considered by the author was the proportion of deaths from delirium tremens in the different divisions of England and Wales. It was found that London headed the list with 100, the southeastern counties followed with 62, the northwestern with 57, the south midland with 55, the northern with 54, Yorkshire with 42, the eastern division with 41, the west midland with 40, the southwestern with 39, the north midland with 36, and last of all came Wales, with only 27. Dr. Althaus thought it very significant that London, where nervous diseases were at a comparatively low ebb, should consume proportionately so much more alcohol than Wales, where these maladies were singularly rife; and he asked whether a large consumption of strong alcoholic drinks was really always prejudicial for the nervous system, as had perhaps been too sweepingly asserted by many well-intentioned persons of late years. The author next considered the prevalence of these diseases during life as distinguished from their mortality, and remarked that on this point we had definite information only with regard to one disease, viz., insanity, in the Reports of the Commissioners in Lunacy. From these it appeared that there were eighty-eight lunatics living to one death from insanity registered by the Registrar-General; and that of five lunatics who died, only one died from insanity, and the other four from different diseases. He thought the prevalence of cephalitis only slightly higher than its mortality; of paralysis, he reckoned the living patients as twelve to one death; of apoplexy, nothing definite was known in this respect; chorea was fatal in one out of a hundred cases actually occurring; in delirium tremens, three out of four patients recovered, which would give four cases to each death; in tetanus, the proportion was two deaths to three cases; in epilepsy, which was but rarely fatal, he reckoned fifty living sufferers to one death; of convulsions, it was difficult to speak definitely, as the death-rate from them was in the process of changing considerably. Hysteria was very prevalent, but scarcely ever fatal. Dr. Althaus concluded his paper with some remarks on the probability of therapeutics becoming gradually able to influence the mortality from nervous diseases. He saw good reason to believe that convulsive disorders would undergo a further considerable diminution under the influence of improved treatment. Not only for epilepsy and eclampsia, but also for tetanus, recent researches seemed to hold out a prospect of these diseases becoming eventually more amenable to treatment; while chorea was known to kill but rarely. Paralysis, apoplexy, and insanity, however, would no doubt always carry off large numbers of victims as long as the present conditions of our existence, with its passions and sorrows, its troubles and disappointments, continued.

"Chia," a New Dietetic and Medicinal Product.

Dr. J. T. Rothrock, the well-known botanist, furnishes the following article to the *Botanical Bulletin*:—

During the past summer my attention was called, whilst in Southern California, to a mealy preparation in popular use among the Indians, Mexicans, and prospectors. On inquiry, I found it was called "Chia." Further examination proved that it was furnished by the seeds of *Salvia columbariæ*, Benth. The seeds are collected, roasted, and ground, in the native way, between two stones. This puts it in the condition in which I first saw it. It is used as a food by mixing it with water and enough sugar to suit the taste. It soon develops into a copious mucilaginous mass, several times the original bulk. The taste is somewhat suggestive of linseed meal. One soon acquires a fondness for it, and eats it rather in the way of a luxury than with any reference to the fact that it is exceedingly nutritious besides. It is in great demand among the knowing ones who have a desert to cross, or who expect to encounter a scarcity of water, and what there is, of bad quality. By preparing it so thin that it can be used as a drink, it seems to assuage thirst, to improve the taste of the water, and, in addition, to lessen the quantity of water taken, which in hot countries is often so excessive as to produce serious illness. As a remedy it is invaluable, from its demulcent properties, in cases of gastro-intestinal disorders. It also holds a place among domestic remedies, for the same purpose that flaxseed occasionally does with us, *i. e.*, a grain of the seed is placed in the eye (where it gives no pain) to form a mucilage by means of which a foreign body may be removed from the organ. I have found it of great service as a poultice. As a matter of archæological interest, it may be noted that quantities of this seed were found buried in graves several hundred years old. This proves that the use of the seed reaches back into the remote past. Indeed, I find several allusions to the name Chia in the second volume of Bancroft's great work on the

"Native Races of the Pacific States," pp 232, 280, 347. 360. *Chianpinoli* appears to have been made by the so-called Aztec races from corn which was roasted and ground as the Chia was. From this, however, I conclude that the term Chia was then a generic name applied to meal derived from several sources. At present the name is almost restricted to the product of *Salvia columbariæ* Chia was, among the Nahua races of Ancient Mexico, as regularly cultivated as corn, and often used in connection with it.

The Physiological Action of Alcohol.

On this subject Dr. T. Lauder Brunton closes an article in the *Practitioner* as follows:—

1. Alcohol in small quantities increases the secretion of the gastric juice and the movements of the stomach, and thus aids digestion Although unnecessary in health, it is useful in exhaustion and debility.

2. It increases the force and frequency of the pulse, by acting reflexly through the nerves of the stomach.

3. In large doses it impairs digestion by over-irritating the stomach.

4. It may produce death reflexly by shock.

5. After absorption into the blood, it lessens the oxidizing power of the red blood corpuscles. This property renders it useful in reducing temperature; when constantly or very frequently present in the blood, it causes accumulation of fat, and fatty degeneration of organs.

6. It undergoes combustion in the body, maintains or increases the body weight, and prolongs life on an insufficient diet. It is therefore entitled to be reckoned as a food.

7. If large doses are taken, part of it is excreted unchanged.

8. It dilates the blood-vessels, increases the frequency of the heart, by its action on nervous centres to which it is conveyed by the blood, imparts a feeling of comfort, and facilitates bodily and mental labor. It does not give additional strength, but merely enables a man to draw upon his reserve energy. It may thus give assistance in a single effort, but not in prolonged exertions.

9. The same is the case with the heart; but in disease alcohol frequently slows instead of quickening the pulsations of this organ, and thus economizes instead of expending its reserve energy.

10. By dilating the vessels of the skin, alcohol warms the surface at the expense of the internal organs. It is thus injurious when taken during exposure to the cold, but beneficial when taken after the exposure is over, as it tends to prevent congestion of internal organs.

11. The symptoms of intoxication are due to paralysis of the nervous system; the cerebrum and cerebellum being first affected, then the cord, and lastly the medulla oblongata. It is through paralysis of the medulla that alcohol usually causes death.

12. The apparent immunity which drunken men enjoy from the usual effects of serious accidents is due to paralysis of the nervous mechanism, through which shock would be produced in a sober condition.

Local Heat in Excessive Metrorrhagia.

The *Medical Times and Gazette* quotes from Dr N. G. de Mussy several cases in which this application was adopted with success. One of these was a woman aged 26, who had always menstruated regularly, and had neither had children nor miscarriages. Abundant hemorrhage occurred. Warm baths, astringent injections and cauterizations of the womb were employed without effect. Examination of the uterus revealed nothing affording an explanation of the metrorrhagia. In the left ovarian region there was abnormal sensibility Sulphate of quinine and blisters to the epigastrium were now prescribed. On several occasions the solid nitrate of silver was introduced into the cavity of the neck; the flow of blood was suspended for two or three days, but soon began again. She became gradually weaker, and suffered from neuralgia of the head and arms, with vertigo on attempting to rise. Dr. Chapman's india-rubber bag was now filled with water as hot as could be borne, and applied to the lumbar region, the application being renewed every three hours. The next day the hemorrhage had considerably lessened, and on the following day it had completely stopped, being replaced by a slight leucorrhœl flux. The iliac and sub-pubic pains were increased by the heat. Intense dyspnœa followed, which gradually diminished. At the next menstrual period the hemorrhage recommenced, but was again arrested by the application of the hot water bag in the manner above described. From his examination of the chest in this case, Dr. de Mussy believes that it was tubercular induration, which had called into action a congestive disposition. Dr. John Chapman, who translates the paper, is of opinion, however, that the metrorrhagia might have been arrested by water at a much lower temperature than was really used, and attributes the increase in some of the symptoms to the mode in which the remedy was applied. He thinks a temperature of 115° F. quite sufficient.

The California Borax Product.

According to the San Francisco *Commercial Herald*, the Riddell Company made 600 tons of borax in 1875, and intend to increase their product during 1876 to 1000 tons. Their price last year in San Francisco was 6⅜ cents per pound, but they decline to renew contracts at that rate, or even to take orders at 6½ cent. The total production of borax in Nevada and California reached 2000 tons, and as the Southern Pacific Railway is extended the price of the product will probably decline.

Reviews and Book Notices.

BOOK NOTICES.

Transactions of the American Ophthalmological Society. New York, Wm. Wood & Co., 1875.

This Society held its eleventh annual meeting at Newport, July 22d, 1875. It consists of sixty-six members and seven honorary members.

The President, Dr. C. R. Agnew, of New York, was reëlected for the year 1876. The following resolutions were passed:—

"*Resolved*, That the sense of this Society is in favor of New York as the place for the meeting of the next International Ophthalmological Congress. Also,

"*Resolved*, That it is the sense of this meeting, that the session of the Society for 1877 should be held at Put-in-Bay."

The present report, containing sixty-seven pages, which constitutes Vol. II, Part III, of the Transactions of this Society, is by no means so voluminous as were those for the two preceding years. Of the seventeen separate articles contributed, more than one-half of this number were of but two, or less than two pages in length, and we are indebted to the three Philadelphia members present for about one-half of the whole amount of subject matter.

We were a little disappointed at the apparent lack of usual interest evinced by the members of this Society, but we must be content whilst recognizing the fact that many of the contained articles are not only most able, but are also eminently interesting and instructive. The following is a summary of the papers, in their order:—

1. "A Case of Nystagmus, Associated with Concomitant-Convergent Strabismus in Emmetropic Eyes, Relieved by Correction of the Squint." By O. D. Pomeroy, M. D., New York. This case is of interest, because, in emmetropic eyes, the most annoying symptom, a nystagmus of five years' duration, was entirely relieved by a tenotomy of the internal recti muscles, whilst the cosmetic effect was all that could be desired.

2. "A Case of Spontaneous Cure of Sub-Retinal Effusion, with an Analysis of twenty-one cases of the same disease." By David Webster, M. D., of New York. The Doctor gives an interesting abstract of twenty-one cases of detachment of the retina, where he shows its relative frequent occurrence in males, and in myopic eyes. Five of the cases were of traumatic origin, and nine seemed to be the result of myopia, with its attendant diseases. Experience has taught us that the majority of cases of this disease are not benefited by any definite course of treatment; nevertheless, every recent case calls for a certain amount of rest, combined with the judicious application of the Heurteloup (artificial leech).

In the discussion which this paper called forth, Dr. Kipp, of Newark, remarked, very truly: "In regard to the treatment of retinal detachment by the recumbent posture, my experience has led me to believe that it is not devoid of danger to the patient's general health." Dr. Strawbridge related a case where he performed Bowman's operation (with two needles introduced through the sclera, to tear the retina) with a most brilliant result.

3. "Rare Cases, with Practical Remarks," by Dr. E. Williams, M.D., of Cincinnati. (*a.*) *One case of Traumatic Luxation of the Crystalline Lens*, in a woman in whose family, as was proven by her brother's case, there was a predisposition to this condition; also *two cases of Spontaneous Luxation of the Lenses*, in a brother and sister. Dr. Williams uses the apt term "loose-jointed" to describe the appearance we have so often observed in patients liable to the above-mentioned deformity, who are apparently robust, when in reality they are of a strumous or cachectic habit.

In the case just mentioned, the brother brought his sister to the doctor, who was led, by the peculiar appearance of his eyes, to examine them. With a divergent squint of 3′′′, and vision $\frac{15}{100}$ and $\frac{15}{200}$, raised to $\frac{15}{20}$ and $\frac{15}{30}$ with +7 the patient—and it is nothing uncommon to observe this blissful state of ignorance—declared he had "*nothing* the matter with his eyes, always having seen *perfectly*."

(*b.*) *Two illustrative cases of Basedow's Disease*, where, on account of the deformity produced by the exophthalmos, Graefe's operation of closing the lids for half an inch at the outer commissure of each eye was performed.

In the first case, on account of peculiar mental conditions, the nutritive powers were at a low ebb; the operation was followed by death; the second was successful as far as the cosmetic effect desired, but was accompanied by a threatening inflammation of the cornea, and the doctor remarks, "If I make this operation again, I will pare and close the lids in the centre as well as at the sides, distributing the

pressure and guarding against danger to the cornea, because I believe that the pressure of the narrowed commissure, in both cases, caused strangulation and consequent inflammation.

(*c.*) *Two cases of Anæsthesia of the Retina*," most successfully treated by subcutaneous injections of strychnia (one-thirtieth to one-fortieth of a grain daily).

One case of "*Binocular Temporal Hemiopia*," and four cases of "*Strabismus, with Rigidity of the Muscle*," where the operations of tenotomy were made with great difficulty, the sclera having in the third case been perforated whilst the muscle was being divided, and, strange to say, followed by no ill effects whatever.

4. "Ophthalmic Contributions," by Dr. George Strawbridge, of Philadelphia.

(*a*) "*Hysterical Blepharospasm treated and relieved by forcible elevation of the eyelid.*"

Here the treatment of Dr. Mathewson, by means of a gum band fastened to the skin of the eyelid, and also to the forehead, was substituted by the old and more practical application of bands of adhesive plaster.

(*b.*) "*Foreign Bodies in the Eyeball.*" Out of four cases, three are noteworthy on account of the length of time the foreign body remained in the eye with but comparatively little annoyance to the patient.

(*c.*) "*Connective-tissue Growth in the Vitreous Humor.*" This case is of interest, not only on account of its being a curious one, but also for the accompanying minute description, and the fact of its being analogous to a similar case cited by Edward Jaeger in his Ophthalmoscopic Atlas.

(*d.*) "*Cholesterine Crystals found in the Anterior Chamber and in the anterior surface of the Iris, as well as in the Vitreous Humor, with a Bone Formation in an Eyeball Atrophied by Traumatic Irido-cyclitis of six years' standing.*"

5. "Successful Extraction of a Foreign Body from the Retina by the aid of the Ophthalmoscope;" by Dr. Geo. T. Stevens, Albany.

6. "Can Staphyloma Posticum be Induced by Astigmatism?" by William Thomson, M. D., of Philadelphia, is the title of a most able article, by a man who is thoroughly conversant with the subject upon which he writes, and concerning which he advances not only theories, but facts which most ophthalmologists, however reluctant, must admit. Concerning the nature and cause of staphyloma posticum he cites the opinions of the very highest authorities, which only go to prove "how conflicting theories render our views, both as to hygiene and therapeutics, painfully uncertain, and justify the presentation of any clinical facts that may aid us in the important duty of controlling myopia, in which these serious lesions are most frequently observed." He remarks, furthermore, and we fully agree with him, "From my own observation, I am led to believe that myopia, like hypermetropia, must be frequently congenital, *and that we rarely find it without a complicating astigmatism.*

"From the low vision obtained by spherical glasses in high degrees of myopia, and their failure to relieve asthenopia, I was led to seek for astigmatism, which I fancy must be frequently overlooked, from the tedious character of the examination needed for its detection, together with the difficulty in the use of the erect method of the ophthalmoscope; and I am satisfied that a crescent at the optic nerve is an evidence of astigmatism, and that by a study of its situation, we may form a close approximation to the best and worst meridians of the cornea."

"In the notes of *one hundred* cases of crescents, I find astigmatism combined with myopia in *eighty*, and hypermetropia in twenty; and in all of these, after their correction under atropia, with all the most trustworthy methods of examination, the line of the crescent has been found to correspond with the astigmatic meridian of the cornea, when viewed by the erect method through the correcting glasses."

We regret that limited space prevents our giving more of Dr. Thomson's interesting observations on this subject. In conclusion, he says:—

"No expenditure of money, or skill in re-arrangement of desks or school-furniture can be of any service to an unsymmetrical cornea, in comparison with a glass which will harmonize its refraction and enable the eye to perform its complicated muscular functions, as they are done with ease by emmetropic eyes."

In remarking upon this paper, Dr. John Green said, "Dr. Thomson's present observations, if confirmed by further investigation, would seem to show that in astigmatism, the asymmetry of the refractive media is not the only important deviation from the normal condition, but that there is, in addition, a predisposition to irregular, and therefore especially dangerous, posterior distention of the globe, dependent upon asym-

metry in form and development of the eyeball as a whole. This view still further enforces the precept, that even a low grade of astigmatism, in the presence of a tendency to myopia, is an important factor, perhaps one of the most important factors, in the case, and that to the accurate optical correction of the astigmatism, conjoined, as I think it should be in many cases, with systematic instillations of atropia, we must chiefly look for the control of the pathological process."

7. "On the Increase of Refractive Power of a Plano-cylindrical Lens when Rotated about its Axis." By Dr. G. Hay, Boston.

8. "Some Peculiar Phenomena attending a Case of Sudden Temporary Loss of Hearing and Sight." By Henry W. Williams, M. D., Boston.

9. "Two Cases of Vascular Disease of the Orbit." By Dr. George C. Harlan, of Philadelphia. The Doctor remarks: "Neither of the cases are new, but they are not, on that account, entirely without interest, as marked changes have taken place in each since they appeared in public before." For the sake of emphasis we would repeat the Doctor's remarks, for too often is it, that such interesting cases as those under consideration (and reported in the American *Journal of Medical Sciences*, for July, 1870), are partially recorded and never again heard of. Would that many valuable cases "to be continued in our next" could be heard from again, and much credit is due to the care with which the present ones are worked up. We would refer our readers who are interested in this subject to this paper, for an exhaustive account of the history and treatment of this uncommon disease.

10. "Case of Sector-like Defect of Field of Vision." By Wm. Thomson, M. D., Philadelphia.

11. "On the Effect of a Cylindrical Lens, with Vertical Axis, placed before One Eye." By O. F. Wadsworth, M. D., Boston, Massachusetts.

12. "A Case of General Sarcoma of the Choroid, probably congenital." By Drs. R. J. McKay and H. C. Eno, New York.

13. "A Case of Consecutive Enucleation of Both Eyes for Recurring Glioma." By Drs. C. R. Agnew and H. C. Eno, New York.

These two cases comprise all that the report contains concerning *pathology*, but present nothing new, the diseases having run their usual course; the microscopical examination, however, has been minutely worked up by Dr. Eno. Surely, the pathology of the two, supposed to be different forms of tumors, is very similar. Where can we draw the dividing line between a large-celled sarcoma and a, so-called, glioma? As we have before stated, these pathological specimens lose much of their value and importance, by not being reported by a scientific committee of *experts* in morbid growths, which should be appointed by this Society, and to which all such specimens should be referred for verification.

14. "Iridotomy, by Von Wecker's Method." By Dr. J. Green, St. Louis. This operation is to be recommended in aphakial eyes with occluded pupil, on account of the avoidance of all dragging upon the tissue of the iris, and upon its ciliary attachments.

15. "Notes on the Examination of the Eyes of a Criminal executed by Hanging." By Dr. J. Green, St. Louis. The ophthalmoscope and oblique illumination, using both artificial and sunlight, which happened to be available, failed to show any trace of lesion, either of the capsule or lens, in either eye.

16. "Castor Oil as a Menstruum for Dissolving Atropia for Application to the Eye." By the same author. This solution is recommended in recent abrasions and painful phlyctenulæ and ulcers of the cornea, also, because it ensures a longer contact of the remedy with the cornea. We would much prefer the neutral aqueous solution, which must, of course, be carefully prepared.

17. "Improvements in Spectacle Frames." By Henry D. Noyes, M. D., New York. For persons having the use of only one eye, and who need glasses for different kinds of vision, it has been customary to make a frame whose bridge is on a line with the transverse diameter of the glasses, and which is reversed by turning it over in a plane parallel to the surface of the face (in fact, equal to taking them off and putting them on again upside down). Now, this trouble is avoided by the new plan; each arm is joined to the body of the frame by two hinges, which are close together. Each arm can then be made to sweep through a complete circle, and the glasses reversed by turning the frame in a plane parallel to the ground, so that the spectacles are not removed from the head.

During the course of the proceedings a fitting tribute to the memory of the Society's founder and first President, the late Dr. Edward Delafield, of New York, was offered, in the obituary notice prepared by Drs. Dix and Williams, of Boston, as well as by the excellent likeness of the deceased which adorns the frontispiece.

THE

Medical & Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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THE TRAINING OF NURSES.

Some weeks ago we had the pleasure of listening to a lecture on this subject, delivered by Dr. John N. Packard, before the Social Science Association of this city. Since then, it has appeared in the pages of the *Penn Monthly*, and also in separate form.

The author states, his remarks have reference especially to the training of female nurses; for the reason that among women we find the best material for the discharge of these duties, and that it would be impossible, except in military organizations, to find such a demand for male nurses as would warrant the establishment of training schools for them. It is, indeed, extremely seldom that cases occur in civil life requiring attendance which cannot be given by women; and when a male nurse has been needful, so far as my experience or observation has gone, there has never been any difficulty in obtaining one.

He then proceeds to give, in brief and pointed phrases, the qualifications which every competent nurse should have, and thence to a rehearsal of the principal institutions which, in this country are devoted to their training. These are not numerous, and might, with great advantage, be largely increased. The plan which Dr. Packard considers most appropriate for such establishments impresses us so favorably, as practical and efficient, that we quote it almost in full:—

"To effect a beginning, it would be needful to start a subscription, and to have a sum of at least ten thousand dollars pledged to the support of the enterprise. The contributors should then hold a meeting, and proceed to the election of a board of lady managers, with the usual officers—president, vice president, secretary and treasurer. A board of counsel, consisting of four or five gentlemen, might be appointed, to give their advice and assistance when desired.

"To a committee of these ladies application might be made by any women desiring to obtain instruction in nursing under the auspices of the society. Such women should be required to give evidence of good character, and to be free from present ties which would hinder their faithful use of the opportunities they sought. They should be healthy, of suitable age, and with a certain amount of practical education. A small fee might be required, and a pledge to remain under instruction, unless dismissed for reason, for a period of three or six months, or a year, at least.

"By arrangement entered into with some large general hospital, these candidates might then be entered as probationers, and employed in actual work at the bedside. In such an institution it would be needful to have these probationers under the control of a head, perhaps the regular matron, who should see that they observed stated hours, that their work was properly done, and that their time was profitably spent.

"During all their period of probation, monthly or more frequent reports might be made to the committee of the society, by the overseers, as to the conduct and capacity of its protegés; and any special matter, such as misconduct, carelessness, or gross stupidity, necessitating dismissal, should be at once made known to them.

"Such probationers as passed successfully through the trial of a certain period—a year, for instance—might then be admitted to the higher grade of pupil-nurses. These should be entrusted, under the oversight of an advanced pupil, or a "sister," with the special care of one or more grave cases, either medical or surgical. Each should have charge in turn, for a month, of the bedding and other ward sup-

plies; and the same arrangement might be made as to the cooking, for cases requiring food not supplied on the regular diet-table of the ward.

"Lectures of a thoroughly practical character, having reference strictly to matters belonging to the nurse's province, might be delivered to the pupils by members of the hospital staff.

"During the second year of tuition, pupils whose services were not required in the hospital might be allowed to engage in attendance upon cases of severe illness at the homes of the patients, either in connection with a dispensary, or in the private practice of physicians in good standing.

"At the end of a two years' term of training, each nurse might, either upon certificate of the sisters in charge and the hospital staff, or after examination, receive from the society a diploma; and this would soon become a recognized guarantee of capacity and trustworthiness.

During the time of this training, the pupils would be under the supervision of the society, but would, for the most part, have their board and lodging at the hospital in which they might be on duty. For unattached pupils, and for graduates who might desire it, a home should be provided, where, for a reasonable charge, they might live, and where a register should be kept, to enable physicians and the public to obtain the services of a competent nurse whenever occasion should arise.

"Notable instances of good conduct on the part either of the pupils or of graduates—such as courage in time of an epidemic, or a long period of devotion to trying duty, or a good record of ten years' consecutive service in nursing—might be recognized by the society, and testimonials awarded, in the shape of certificates or medals."

It is with much pleasure, in this connection, that we can speak of the Training School for Nurses established in connection with the Woman's Hospital, Philadelphia, as one whose organization is most complete, and whose working most creditable to its Managers. Their report for 1876 contains a series of rules for nurses in training, which is a compend of information in itself. It would be an excellent tract for physicians interested in the subject to study, in connection with Dr. Packard's lecture. There should be such a school appended to every general hospital in the country; we should then have a body of trained nurses who could greatly aid the labors of the physician, instead of frustrating them, as many of the improvised nurses now do.

Notes and Comments.

What Vaseline Is.

Vaseline, a product of petroleum, is a pale yellow, translucent, slightly fluorescent semi-solid, melting at about 37° C. Specific gravity 0.840 at 55° C. It is inodorous, non-volatile at ordinary temperatures, but distills with slight decomposition under pressure. It is insoluble in water, slightly soluble in alcohol, freely in ether, and miscible in all proportions when melted with fixed or volatile oils. It mixes in all proportions with glycerine of the ordinary strength, but the mixture is destroyed by the addition of water. Hydrochloric acid and liquor potassæ are without action upon it.

Vaseline was first brought before the notice of the public by Professor Otis, of New York, who states that the article is largely used as a basis for ointments, and by himself for lubricating surgical instruments, and so facilitating their introduction into the passages.

Chloral Suppositories.

The production of a chloral suppository containing a sufficient proportion of this drug to cause sleep has heretofore been deemed impossible. Mr. H. Mayet, in the *Druggists' Circular*, has, however, devised the following formula, by which he manages to get forty-five grains of chloral in each suppository:—

℞. Ol. theobromæ,		gr.xxv
Cetacei,		
Pulv. chloral,	āā	gr.xlv.

For one suppository.

These suppositories are of good consistence, and may easily be put into use.

Chloroform as a Preservative Agent.

Mr. J. Schafer, of New Orleans, La., sends to the *Druggists' Circular* the report of an interesting case of suicide by chloroform:—

A young lady committed suicide at Pass Christian, Miss., by swallowing about four fluid ounces of chloroform. She died at half-past four o'clock on Saturday afternoon, the 5th of the month, two hours and a half after taking the poison. The remains were sent to the friends of the deceased in New Orleans, and at the end of 147 hours continued to look as natural as they did but half an hour after death.

The remarkable case of a corpse being preserved without change for over six days, in a

damp and warm climate like that of New Orleans, attracted the attention of the medical men who sat as a jury at the inquest. The known action of chloroform was assumed to be the cause of the unusual preservation of the body.

Toughened Glass.

An English firm, who have attempted to manufacture this interesting substance, have found, we understand, an unsatisfactory result, for the reason that the action of the boiled oil or grease bath was very uncertain, and where one piece was fully toughened, half a dozen others would only be partially so; while breakages, which in the case of ordinary glass caused but little loss, as the fragments could be remelted, resulted in the entire uselessness of the toughened specimens. The prices at which the firm could sell were, moreover, prohibitory of any extended trade, and we believe they have now relinquished any serious attempt to work the patent at all.

Preparations of Salicylic Acid.

At a recent meeting of the Massachusetts College of Pharmacy there was an interesting discussion on the practical applications of salicylic acid in some technical processes and in pharmacy. The main points brought out were the extreme delicacy of the salts of salicylic acid as a test for ferric salts, striking an intense red color with them, while no color was given to ferrous salts. It was also said that the salts of salicylic acid were useless as antiseptics, the free acid alone being able to prevent putrefaction and fermentation, and that the acid could be usefully employed as an antiseptic in such preparations as infusions, decoctions, etc.

Early Treatment in Diphtheria.

Dr. Garraway says, in the British *Medical Journal*:—

In all cases of illness, when diphtheria is prevalent, it is expedient to look into the throat, as occasionally, when there is not even ground of suspicion, the characteristic spot or layer of mouldiness, like an irregular patch of white kid, will be discerned. Now is the time when we are enabled to say, "Thus far shalt thou go and no further." Now is the time when one single painting with a strong solution of nitrate of silver will effectually destroy the parasite and rescue the patient. Twenty-four hours after this application, the "white leather" is seen dark and shriveled, and the following day it has dropped off and disappeared. Contrast this with the same disease three days later on. I need not describe it; the picture has been only too vividly impressed upon the minds of all of us; the layer of deposit spreads more or less over the fauces, perhaps entering the larynx, when recovery can scarcely be looked for; the rapid pulse, the exalted temperature, the extreme nerve-prostration, the blood more hopelessly poisoned than in typhoid fever, and death more imminent.

Photographs in Color.

A correspondent in Paris writes:—

"The art of fixing colors in photographic processes has always been a great desideratum; but this would seem to have been overcome, as I have seen some very fine specimens exposed of the new process, which represent the natural colors without the aid of the painter's brush. This photochromic discovery is due to the enterprising character of M. Léon Vidal, who had spent years in studying the question, and will, probably, be amply repaid for his trouble, as the discovery is alike important to medicine as it is to other branches of industry and art."

Correspondence.

Cephalic Version in Arm Presentation.

Ed. Med. and Surg. Reporter:—

On the evening of February 16 I was called to attend a Swedish lady in labor with her third child. On reaching the patient, the following history was obtained:—On February 14, about 4 A. M., she was taken with labor pains, and immediately called a Swedish midwife who resided near by. The pains were not violent or distressing until the evening of the 16th, a few hours before I was called, but the waters had been discharged about twenty-four hours.

I attempted to make an examination, but the parts were so swollen and inflamed, that the slightest manipulation caused her to writhe with pain. At this time the contractions of the uterus were so violent and continuous as to cause me to fear rupture of that organ. I immediately gave chloroform and proceeded with the examination, when I found the left hand of the child hanging low in the vagina, the child lying transversely in the uterus in the dorso-anterior position, the head being directed to the right. I introduced my left hand into the cavity of the womb, carrying the arm of the child with it. I then made pressure on the

pelvis of the child, directing it toward the fundus of the womb, making at the same time counter-pressure with my right hand on the right abdominal surface of the mother.

The head of the child came down without any difficulty, and the case was soon terminated by the delivery of a female child weighing nine pounds, considerably asphyxiated, but which in the course of half an hour breathed naturally. The post-partum hemorrhage which followed was somewhat alarming, but the mother, notwithstanding, made an excellent recovery.

In this case I did not adopt the postural treatment of Professor Thomas for reposition of the cord, which Dr. Maxson has found efficient in converting abnormal presentations of this class into normal ones, on account of the violent and continuous contractions of the uterus, which I think would have effectually overcome any aid that gravitation might otherwise have afforded.

The conditions which obtained in this case were most unfavorable either for the operation of turning or cephalic version, yet, still, I accomplished the latter, in the manner detailed, with the greatest ease. In arm cases, where this operation can be performed (and I see no reason why it cannot be in all), it is, in my humble judgment, preferable to that of turning, with its attendant mortality. L. Hatchett, M. D.

Value of Cupping in the Treatment of Pneumonitis.

Ed. Med. and Surg. Reporter:—

In our modicum of experience in the treatment of the disease in question, we regard cupping, cut or dry, as may be indicated, one of the most efficient and powerful agents for good that we have at our command. It is equally applicable during the earlier or the later stages of the disease. Nothing in our hands has so promptly relieved that cutting, distressing pain at each rapidly-recurring inspiration, during the active inflammatory stage, as half a dozen or a dozen cut cups, equally distributed over the seat of the pain. The relief is almost instantaneous. If the attack be a severe one, the pain will return, perhaps within a few hours or half a day, with all its severity, but will disappear again soon after the cups are thoroughly applied, as before. We prefer this to general blood-letting, no matter how plethoric the patient may be, because it husbands the strength of the patient, and this is a matter of great importance in the progress of the disease. It is only during the earlier stages that we employ local depletion. We have found dry cupping, so thorough as to produce vesicles, and even ecchymosis, to relieve pain almost as promptly as cut cups in the earlier stages. Cupping relieves pain, lessens dyspnœa, and we believe it in some way promotes absorption. It acts promptly, almost immediately. This is all we claim for cupping. Nothing more can be accomplished in this direction by any other agent.

But we also employ other agents to meet the indications in other directions. Now must be taken into account age, sex, temperament, idiosyncrasy, etc. The first and most important indication in all cases is to relieve pain. This we have done by local depletion or dry cupping. Temperature is reduced by Norwood's tincture of digitalis. The dry, parched skin is rendered moist by acetate of ammonia or compound spirits of ether. Sleep is induced by Dover's powder, if not contra-indicated. The bowels should be watched. Saline purgatives are preferred to calomel. Neither should be used too freely.

The patient should be well nourished from the beginning. Milk and eggs constitute the very best food, when they can be borne. When convalescence has begun, quinine, or, what is often better, cincho-quinine and iron, are almost invariably indicated. In our experience, nauseants and expectorants have not accomplished what is claimed for them.

We sometimes prefer a brisk application of the tincture of iodine, once a day, over the seat of pain. This followed by a linseed poultice over the entire chest, renewed several times during the twenty-four hours, and continued for three or four days, or longer when necessary. Internally, opium, acetate of ammonia, Hoffman's anodyne, etc. Stimulants are rarely necessary, except during convalescence. Cold water, as drink, we never deny. Cold compresses we have not yet employed, and would hesitate to do so unless well assured that every necessary step would be promptly and successfully carried out. A. D. Binkerd, M. D.

Emporium, Pa.

Treatment of Pruritus.

Ed. Med. and Surg. Reporter:—

Recently I had a most obstinate and severe case of pruritus of the vulva, clitoris, and mons veneris of a fat woman more than sixty years old. So severe was it, that she would cry from the distress. It so overcame her, every way, that she was nearly helpless. After trying a great number of remedies, both internally and externally, for several months, with very little relief, at length, with only the external application of the essence of peppermint to the itching parts, she was almost instantly relieved, with an occasional use of the same. She remains happy.

The Whistles.

Several years since I had a case of a boy, three years old, who swallowed a flat, round tin whistle, half an inch thick, and three-fourths of an inch in the largest diameter, with sharp edges projecting beyond the barrel of the whistle. I also had recently another case of the same kind, of a boy six years old. I prescribed soft solids for food, and the second day a little sweet oil, and on the third day they both picked up their whistles as good as new. N. L. Folsom, M. D.

Portsmouth, N. H., February, 1876.

News and Miscellany.

The Ohio Medical Bill.

The bill we present below has passed a second reading in the Ohio Assembly, and though it may not be finally adopted this session, it touches upon matters of such general interest in medical education and legislation, that we believe our readers will not grudge the space we assign to it:—

A Bill to provide for Examining Boards in all Medical Colleges in the State of Ohio, and to regulate Matriculation in Medical Colleges.

Section 1. Be it enacted by the General Assembly of the State of Ohio, That every medical college in the State of Ohio, at their first commencement after this bill becomes a law, shall appoint an examining board, to consist of two professors, who must understand the sciences in which applicants for matriculation are to be examined. The said two professors, when appointed, shall report forthwith to the probate judge of the county in which the college is located. Said probate judge shall appoint some suitable person who shall represent the State in said examining board; and said person, when appointed, shall be an active member of said board; and said person shall hold his office for three years, and shall be paid the sum of five dollars per day for each day engaged in the business of said examining board. And said person shall be paid by the medical college to which he is appointed. And it shall be unlawful for said examining board to admit or reject any person who applies for admission into said medical college without said person being present. The duty of said examining board shall be to examine all persons who apply for matriculation or admission into said college. And a majority of said board shall decide all questions regarding the admission or rejection of each applicant. And said board shall keep an account of all their examinations, the questions and answers of each applicant.

Sec. 2. Every person applying for admission into any medical college in the State of Ohio shall appear before the examining board of said medical college, and shall produce a certificate to show that he is a graduate of some college or university which has a legal right to confer the degree of A. B. (Bachelor of Arts), or A. M. (Master of Arts). And whenever any applicant fails to produce such a certificate, the examining board of said college shall examine said applicant in the grade of studies that a college or university would require applicants for the degree of Bachelor of Arts to be examined in. And whenever any applicant fails to pass an examination satisfactory to the examining board in said grade of studies, said applicant may appear again before said examining board, and said examining board shall then examine said applicant in the grade of studies that graduates of the high schools of the State of Ohio are examined in; but in no case shall the grade of examination be lower than the grade adopted by the high schools of Ohio to examine their graduates in. Each applicant shall further satisfy said medical examining board that he has studied medicine for two years with a physician, and that he has a knowledge of the same; and whenever any applicant fails to produce such a certificate, or pass an examination in either grade of studies satisfactorily to said medical examining board, it shall be unlawful for any medical college in the State of Ohio to admit said applicant to study medicine or surgery in the same.

Sec. 3. In all medical colleges in the State of Ohio, the collegiate course of instruction shall consist of three annual courses of lectures, to be divided each year into winter and spring course, each course of lectures to continue for three months.

Sec. 4. The provisions of this bill do not apply to any person who is now practicing medicine, or to any person or persons who have been admitted into any medical college to study medicine at the time this bill becomes a law; but it shall be unlawful for any person to practice medicine or surgery in any of its branches in the State of Ohio who has not been admitted into a medical college, studied medicine, and graduated according to the provisions of this bill. All medical diplomas must certify on their face that the owner of the same has complied with the provisions of this bill. Any medical college, or any other person or persons convicted of the violation of any of the provisions of this bill, shall be fined in the sum of not less than fifty dollars, or more than five hundred dollars, and the expense of prosecution, the fine to go to the poor fund of the county in which the college or person is located.

Sec. 5. In thirty days after this bill becomes a law, all physicians who are practicing medicine or surgery in any of its branches in the State of Ohio shall register their names, the name of the college in which they graduated, and the date of their diplomas, with the clerk of the Court of Common Pleas in the county in which they practice, or be liable to the penalties of this bill. The clerk of said court shall provide a book for such registration, and shall be entitled to a fee of fifty cents for each registration, and said book shall be open to the inspection of the public at all times. Prosecuting attorneys shall take cognizance of any violation of any of the provisions of this bill, and shall call the attention of the grand jury to the same.

Sec. 6. This bill shall take effect and be in force from and after its passage.

—Dr. E. W. Main, a prominent physician of Flat Brookville, Sussex county, N. J., died March 15th of pneumonia, aged 45 years. He was a native of Sussex county, and married a sister of Dr. H. R. Linderman, Superintendent of the United States Mint.

The Woman's Medical College.

The twenty-fourth annual commencement of the Woman's Medical College was held March 16th at Horticultural Hall. The exercises commenced by music given by the Germania Orchestra, led by Prof. Bastert, after which prayer was offered by Rev. James R. Danforth, after which degrees were conferred by T. Morris Perot, on the following graduates:—Mary E. Allen, Pennsylvania; Mary Alice Bennett, Massachusetts; Elizabeth H. Bigelow, Massachusetts; Adella I. Brindle, Pennsylvania; Anna Eddowes, Pennsylvania; Mary A. Eckhardt, West Virginia; Emma F. Gaston, Ohio; Ellen F. Taft-Grimes, Ohio; Adelheid Lukanin, Russia; Mary Emma Robinson, New Jersey; Eugenia C. Sheets, Pennsylvania; Elizabeth W. Witherbee, Massachusetts.

The valedictory address was delivered by Prof. Emeline H. Cleveland, M. D.

The Philadelphia College of Pharmacy.

On the evening of March 14th was held the fifty-fifth annual commencement of this institution. The degree of graduate in Pharmacy was conferred on 104 students.

Candidate for the certificate of proficiency in Chemistry and Materia Medica, Chipman Botsford, Canada.

Prof. Robert Bridges awarded the Proctor prize.

Prof. Joseph P. Remington, PH. G., delivered the valedictory address to the graduates, which was well received.

The annual reception to the graduating class was given by the Alumni Association. An introductory address was delivered by Dr. A. W. Miller, president of the alumni, after which certificates of membership were presented to the graduating class. The orator of the evening, Charles L. Eberle, was then introduced, and delivered an interesting address.

Toxicological Notes.

—A case of poisoning, of a four-year-old child, from stockings dyed with pieric acid, is reported from Utica, New York. The color of the stockings was brown. A piece was cut from one of them and placed in hot water for a moment. Then placing it between the teeth a very bitter taste was perceptible.

—Recent English papers give an account of a suit brought against a Mr. Malcolm, the proprietor of an extensive room-paper warehouse, for the sum of £22, for expense incurred by the plaintiff "in procuring medicine and medical attendance for his children through illness brought on by arsenic contained in room-paper purchased in Mr. Malcolm's establishment." Dr. Hodges, of Belfast, the well-known analyst, examined the paper, and proved that it contained arsenic. The defence was, that the defendant had no knowledge of arsenic being in the paper.

Jefferson Medical College.

The catalogue of this College shows a class of five hundred and five students, representing thirty-three out of thirty-seven of the States of the American Union, two of the Territories, the United States Navy, Canada, Cuba, New Brunswick, Cape Breton, Prince Edward's Island, Mexico, Nicaragua, Costa Rica, Central America, England, Ireland, Wales, France, Germany, and Bohemia. The reception of this catalogue is a reminder that the work upon the new Hospital building adjoining the College is being pressed forward with the hope that it may be ready for use before the close of the building season of the present year—a hope which depends somewhat upon the money aid the building fund receives.

Charitable Institutions.

The fourth anniversary of the Franklin Reformatory Home for Inebriates was held in this city last week. Since April, 1872, there have been received into the Home 567 inmates, and there are now 257 men known to be saved. In this number were the fathers of 473 children, who no longer roam the streets as beggars, but are now in happy homes.

A number of ladies and gentlemen, feeling the great need of a "Home for Aged Couples," have organized a Board of Managers and established such a Home, where man and wife in their old age will not be separated. It is non-sectarian in its character. The Home is situated on the northwest corner of Seventeenth and Arlington streets.

Southwestern Texas Medical Association.

At Corpus Christi, Texas, March 1st, 1876, quite a number of physicians met, and organized a medical association, by the election of Dr. R. A. Nott, President; Dr. E. A. Spohn, Vice-President; Dr. T. H. Nott, Corresponding Secretary; Dr. L. S. Burke, Recording Secretary; Dr. Hamilton, Treasurer.

Its official designation is that above given.

Centenarians.

Capt. Frederick Lahrbusch, of No. 513 Third avenue, New York, who says he served under Wellington and guarded Napoleon I on the island of St. Helena, reached his one hundred and tenth birthday last week. In honor of this remarkable event a dinner was given him. The old gentleman is, considering his age, in good health, his memory is not impaired, and he speaks several languages with fluency.

The editor of the *Press* of this city says:—

"We have before us, in his own handwriting, a letter which reads as follows:—'John Smith, 1023 South Fifth street, was born January 24, 1772, in the village of Thurlastone, in the county of Leicester, England. I am permitted to enter the 24th of January, 1876, at 105 years of my age. These lines are for my much-

esteemed friend, Mr. Berry. Please accept my sincere affections for your future life. I am your humblest, John Smith.'

"Mr. Smith has not at all the appearance of a very old man, and he moves about without difficulty. In conversation he is remarkably bright and cheerful, displaying at times evidences of wonderful powers of concentration and retentiveness of memory in one so old."

These seem authentic examples of great age.

Vivisection to be Legalized.

The Royal Commission, appointed by the Parliament of Great Britain, to report on experiments on living animals, recommend the enactment of a law which shall vest in the Secretary of State the power of granting licenses to persons desirous of performing experiments upon living animals. The licenses would bear conditions calculated to ensure that, in no avoidable case, should suffering be inflicted; and that, where unavoidable, it should be reduced to a minimum. The responsible minister should be guided by the opinion of advisers of competent knowledge and experience, whose names should be publicly made known, and some similar measures.

Vital Statistics of London.

London, the largest city in the world, in spite of its increasing density of population, showed in 1875 no increase of mortality; the death-rate was 25 in the ten years 1841–'50, and 24 in each of the two following decades. We are told that the death-rate of the city of London was "80 per 1000 in the latter half of the seventeenth century, 50 in the eighteenth, against 24 in the present day." The mortality in the liberties of the city of London, within and without the walls, was equal to 430 per 1000 in 1665, the year of the great plague; whereas in the cholera year 1849, the most remarkable English epidemic year of modern times, the death-rate in London did not exceed 30 per 1000.

Items.

—The druggists of Minnesota are much concerned about the enforcement of a law passed in the Legislature of that State authorizing the levying of a tax of ten dollars on every druggist for the support of the State Inebriate Asylum. A large delegate convention of this class of tradesmen was held in Minneapolis, at which the law was denounced as an outrage on their rights.

—A rival of Tom Thumb has appeared in Binghamton, New York, in the person of a boy five years old, who weighs nine pounds when fully dressed, is twenty-three inches in height, is physically perfect and healthy, and who talks very distinctly. The child weighed but two and a half pounds at birth, and has not grown since he was a few months old.

—At the conclusion of Dr. Toner's address to the Alumni Association of Jefferson Medical College, delivered Friday evening, March 10th, at the Hall of the College of Physicians, Dr. Addinell Hewson, who presided at the meeting, extended a general invitation to the audience to adjourn to his house. Here a pleasant surprise met the large number who accepted the invitation, in the shape of a handsome entertainment provided by Dr. Hewson.

—The *Allgemeine Medicinische Central-Zeitung* states that in one district several foxes, which were shot, were found to contain in their muscles a large number of free and encapsulated trichinæ.

Personal.

—Memphis, Tenn., March 12th.—Dr. W. F. Southern, a well-known dentist, was found dead in his bed this morning. Coroner's verdict: Hemorrhage.

—The post-office address of Dr. E. T. Easley, Secretary of the Surgical Section, American Medical Association, has been changed from Dallas, Texas, to Little Rock, Arkansas.

QUERIES AND REPLIES.

Milk Diet in Confinement.

MR. EDITOR:—Is new sweet milk considered poisonous to a woman immediately after confinement? or if taken, warm or cold, in reasonable quantities is it hurtful? I attended a lady some time ago who drank some cold sweet milk soon after her confinement—however, without my consent—and afterward died of puerperal peritonitis. The old women censured me severely for not warning her against milk. I have examined all my authorities on the subject, and find nothing against its use. Some recommend a milk diet. F. R. K.

Illinois.

Medical Ethics.

Is it professional for an M. D. to distribute his cards on Sunday at a funeral?

Is it professional for him to recommend himself, saying that he has been an army surgeon, and has discovered new remedies, etc.? DR. W., *of Pa.*

Reply.—Of course not.

Young Graduate.

For the medical law of Pennsylvania, see REPORTER, May 8, 1875. No other formalities are necessary.

DEATHS.

JEWELL.—At Chester, Pa., on the 14th inst., Wilson, son of the late Dr. Wilson Jewell, of this city.

PARRAMORE.—In Woodland, California, January 10th, 1876, Hanson, son of Dr. E. L. and Mrs. H. E. Parramore, formerly of Accomac county, Virginia.

THE

MEDICAL AND SURGICAL REPORTER.

No. 996.] PHILADELPHIA, APRIL 1, 1876. [Vol. XXXIV.—No. 14.

Original Department.

Communications.

SYSTEMIC INFECTION FROM PURULENT VAGINAL DISCHARGES.

BY E. T. EASLEY, A.M., M.D.,
Of Little Rock, Ark.

The probability of septicæmia supervening on a profuse and persistent leucorrhœa has not, perhaps, received the notice which it deserves. Most systematic writers have failed to recognize it as a possibility, those who have mentioned it extending only the frigid courtesy of a passing word. In the last edition of Barnes' classical book the subject is thus briefly dismissed: "Another question has been started: can the secretions classed as leucorrhœa be absorbed and give rise to constitutional toxæmia? I content myself with citing the question. There is, however, evidence to show that such poisons as lead, carbolic acid, and chromic acid, used to vaginal surfaces bared of epithelium, may be absorbed, and produce their specific toxical effects on the system." He might have added that this evidence is quite abundant, for that remedies so applied act by osmosis has become a fact of large experience. Marion Sims declares, and I have, myself, had a similar observation, that patients often complain of the taste of tannin a few minutes after its application, and under such circumstances as to preclude the imagination as a factor in the phenomena. Let us examine the matter a little more closely. The general propositions of importance in the inquiry relate to the vaginal as well as other mucous surfaces. First, endosmosis does not depend on an attraction between the liquids, but upon the attraction of the membrane for the two liquids, and its current in mucous membranes is found, in accordance with their physiological action, to be from the exterior to the interior. The more minute and extensive the vascular supply of a membrane, the larger, of course, will be the endosmotic surface presented. Second, The transudation, in facility and rapidity, bears an inverse ratio to the thickness of the epithelia. Third, The fuller and more tense the vessels of a part are, the more difficult will be the process of absorption; the tension may be so great as to preclude entirely the introduction of fluids; and conversely, a rapid movement in the capillary blood, with diminished tension of the vessels, greatly favors the reception into the circulation of matters fit for absorption. It was discovered by Magendie that when he had thrown a quantity of water into the veins of a dog, absorption of poison took place very slowly, while, on bleeding the animal, there was very soon proof of its systemic effects. What we should *a priori* believe, that the capillary blood-vessels of mucous membranes, as of the stomach, intestines, and vagina, are capable of absorbing largely alimentary and other substances, has been shown by a great number and variety of experiments. These facts are suggestive of systemic implication from morbid fluids bathing the vaginal walls, and will be more so as we proceed. Without undertaking any discussion of the minute structure of the parts, there are some anatomical considerations of importance. The lymphatics of the vagina, joining those of the cervix uteri, pass into the

internal iliac and sacral glands; histologists declare that they are much enlarged during pregnancy, and never subside afterward to their dimensions in the virgin state, conforming to the changes which occur in contiguous structures. The chief arterial supply of the organ is derived from the vaginal, a branch of the internal iliac, while branches from the vesical and uterine are also distributed to it. The veins, exceedingly numerous on the mucous membrane, empty themselves into the rich plexuses which everywhere surround it. The nerves derived from the hypogastric plexus are abundantly supplied to the viscus. It may thus be seen at a glance that the vagina is among the most highly organized structures in the human economy, its vascular, lymphatic, and nervous connections being in immediate relation with those of the other pelvic viscera, and so intimate as to indicate a wide range of sympathies. Reflections of this sort point obviously to the liability of the entrance of extraneous matters from the vaginal walls into the circulation, a probability largely suggested by a study of the general laws governing absorption, and the physiological relations of the parts. Now this danger, it is plain, must become enormously increased in unhealthy conditions, on account of the altered character of the secreting surface, as well as the ichorous or decomposed nature of the discharges themselves. The lesions of the vagina are of several varieties and degrees, from slight inflammation of the mucous crypts to extensive desquamation of the epithelium, or deep and destructive ulceration. While ulceration may exist without a leucorrhœa, and while it is true that all ulcerations do not discharge pus, it is not possible to conceive of a pus producing mucous membrane with intact epithelium. Hence, it may be safely said that a vaginitis attended with profuse yellow leucorrhœa is certainly evidence of more or less extensive abrasion of the mucous epithelia of the genital canal. It has already been mentioned as one of the laws of absorption, that the current of endosmose, in the facility of its passage, sustains an inverse relation to the thickness of the investing epithelium, and where this covering is, in a great measure, absent, there can be no question of the readiness with which putrid or broken down products may be taken up. If we are offered the objection that normal granulations do not absorb inflammatory matters, we answer that those found on the vagina and cervix are manifestly poor examples of such granulations, and at times, perhaps oftener than otherwise, they are notoriously unhealthy. We have here, then, exposed to the processes of absorption a large abraded surface, bathed in pathological fluids, a relaxed condition of the vessels, a degraded state of the blood, with deranged habit of constitution, as predisposing and exciting causes of septic infection. That leucorrhœas, whether uterine or vaginal, are apt, when long continued and large in quality, to become thin, foul, ichorous or sanious, is a fact with which all are familiar. They are subject to the retrograde changes—changes of disintegration and putrescence—observed of purulent collections in other localities, and are frequently so irritating as to excoriate the parts of the external genitalia or thighs with which they may come in contact. That toxæmia from the humors of malignant growths in this locality is almost sure to occur, is a proposition that none will deny. Pessaries have been found embedded in the vaginal walls, where, from pressure and irritation, they have given origin to very grave symptoms, even to paralysis, their removal being attended by a sanious and highly offensive discharge. It was argued before a learned society, recently, that in the absence of septicæmia these facts were somewhat conclusive as to the improbability of blood-poisoning from the absorption of morbid materials in this structure. Now, the truth is, that these cases, made the most of, have only a negative value. Again, it is not, probably, quite certain that a system so thoroughly sympathizing in other respects, was not also suffering, to some extent, from blood-poisoning. The symptoms of the trouble are sometimes quite obscure or equivocal. Clinically, we know, too, that the causes of septicæmia do not act uniformly nor invariably. It has been known to supervene upon causes apparently the most inadequate; and, on the other hand, it has failed to complicate foul wounds, in the highest degree favorable to its development. The writer has just treated an amputation in which repair was so defective, and the discharge so thin and putrid, as to excite grave apprehensions, and yet there did not occur a single symptom of the formidable malady. It does not accord well with the facts or reasoning in the matter, to assign such potential agency to ichorous products in other localities, and to dispute their influence here.

The existence of a gonorrhœal rheumatism has been denied by some American authors, who, in a large experience, think they have failed to encounter the disease. But the fact that gonarthritis, as well as inflammation of other joints, has been observed so often in connection with purulent discharges from the genital passages, renders the theory of its being merely a coincidence very improbable. The trouble, it is held, is only one of the protean manifestations of septicæmia, the absorption of pathological products constituting its most essential factor. The blood crasis, seldom profound, usually yields earlier, but has been known to go on to suppurative synovitis; and, whether the termination be mild or grave, the evidence is often satisfactory enough as to the real character of the disease. A typical and instructive case of this kind was lately (February 5th) reported in this journal, from the clinic of Dr. Hutchinson, at the Pennsylvania Hospital. The symptoms, and the deductions from them, in this instance appear to determine with certainty the diagnosis. The doctor remarks, "It does not seem improbable that gonorrhœa may occasionally be the starting-point of septic poisoning in the female. There are probably various forms of septic poisoning, but it has not been clearly established, to my mind, that the difference between them is one of kind. It seems most likely to be one simply of degree." So manifest is the propriety of the last observation, that there is unquestionably a great range of degree in septic blood-lesions. From a form that may be called fulminant, in which the temperature chart and other urgent indications prognosticate a speedy death, to the malaise, that may almost escape attention, there are, indeed, many degrees to the same general dyscrasia. If the causes of leucorrhœa be more than local, that is to say, constitutional, it must be remembered that the discharge is prone to become foul, and that the very causes of the origin of the malady are also predisposing causes of systemic infection. Something analogous to what we are now insisting upon may be found in the blood vitiation known to follow ulceration of the mucous membrane in protracted dysentery. It appears to be well established that there may be a chronic form of blood-poisoning associated with a typhoid state, a condition in which the patient, lingering for a variable period, may finally overcome the disease, or at last succumb, the vital powers having been gradually undermined. It is also believed that the symptoms of septicæmia, so far from being always easily recognized, are at times very obscure, and that an error in diagnosis may well be made, especially if certain forms of fever are prevalent. In this way the conclusion has been reached that constitutional involvement—literally, septicæmia, from the absorption of offensive vaginal discharges—is a much more frequent event than has been supposed, and that its occurrence may be unsuspected, while the debility and exhaustion are assigned the chief places in the production of the general suffering. In a word, it is proposed that debility is not, in many instances, so much the result of profuse and protracted discharges as of constitutional dyscrasia from their absorption. Several cases have been met which strikingly intimated to my mind the existence of the complication we have been considering.

Last summer, through the kindness of my friend, Dr. Hendricks, an infant was brought to me from the country, with an ophthalmia neonatorum. The case was an extremely aggravated one, and the little sufferer was fortunate enough to recover with vision unimpaired. It was not difficult to connect the condition of the child with a persistent and profuse leucorrhœa in the mother; and when the little one was dismissed, it was understood that the lady was soon to return for treatment herself. Before she was seen again, however, there came an urgent summons to attend her at her home. The lady's condition was that of unmistakable septicæmia, and as graphic an illustration of it as any written description I have ever seen. The prodroma of the disease had been typically insidious. For forty-eight hours before the chill, there had been the marked increase of temperature, irritable pulse, impaired appetite, and deranged secretions. Following these symptoms, there occurred at midnight a violent and protracted rigor, succeeded by excessive reaction, and this in its turn by a diaphoresis so copious as to drench the body and garments. The pain was excruciating, expending itself chiefly on the joints, muscles, and sheaths of the tendons, and attended with great sensitiveness to the touch. The features were shrunken, the mental anxiety and restlessness very great. Combine with this group of symptoms the important one that there was exceedingly rapid emaciation, and there can remain but little room for discussion as to the diagnosis. I am

aware that there are, accurately speaking, probably no pathognomonic signs of septicæmia, and that the correctness of my view of this case may be questioned; but it is urged that the history and symptoms, with the exclusion of any other affection, is its sufficient justification. The history was one of a leucorrhœa, always large, at times almost incredible in quantity, that had existed throughout the entire pregnancy and for months before conception. It is remarkable that the patient suffered but little impairment of general health (being able to accomplish her household duties) from the discharge, until it culminated in the final attack. It cannot be thought singular that the vaginal surface, bathed, saturated so long in pathological discharges, should be much altered in structure and fitted to admit into the circulation the morbid products. It remains to be said, that the treatment was based on the above view of the cause of the disorder, and that the patient recovered.

HISTORY OF AN EPIDEMIC OF DIPHTHERIA.

BY P. J. FARNSWORTH, M. D.,
Of Clinton, Iowa.

Our city is a town of eight thousand inhabitants, of mixed origin, situated on a flat on the west side of the Mississippi river. The ground is from fifteen to twenty feet above the ordinary stage of the river, but only two or four feet above very high water. The soil is alluvium, and clay for three or four feet, resting on a loose and porous magnesian limestone. North of the city is a run of water, filled from the river when it is above the ordinary stage, but for the greater part of the year a dry ravine, through which winds a thread of running water. The rock and soil are highest along the bank of the slough, as it is called, and along the bank of the river. The sewerage, such as it is, is over the surface, and several channels have been cut through the bank of the slough and that of the river. The avenues run west from the river, the streets run at right angles with them, and are numbered from the slough on the north and the river. A system of water-works has been lately completed, but not yet brought into use, generally, for domestic purposes. The water-supply is drawn from wells, dug or drilled into the rock, and is largely charged with lime and magnesia.

The town is new, and the majority of the houses are wooden structures, from two to ten years old, some of them having damp cellars under them, others standing on the surface. The season has been a wet and cool one, and there has been but little prevailing sickness. On the 19th of August I was called to see a child on First avenue, that had well-marked symptoms of diphtheria. It was in an Irish family, consisting of six other children; none of the rest had the disease. On the 31st two fatal cases were reported: one on Second avenue, near Second street; the other, Second avenue and Fifth street. September 4th, a mild case occurred in an Irish family on Second avenue; on the 5th, in an American family on Third avenue; on the 11th a severe case was reported on Second avenue, near Second street; and three cases on the same avenue, near Fifth street. All recovered.

On the 14th of September four physicians reported cases on First avenue and a short street north of it. On that day I was called to see a Mrs. V., aged thirty years, having a babe of eighteen months, which she had not yet weaned. She had also a boy ten years old. They resided in a house on First avenue, on high and dry ground, on a large lot, sixty feet front by two hundred feet deep; the water-supply from a well at some distance from the back door. There is a dry cellar under the house, and no barn or pig-pen on that or the adjoining lots. The privies are at the back part of the lot. Mrs. V. had had a chill and a fever, and had a sore throat. The general symptoms described were those of the onset of malarial fever. The throat, on examination, was red and œdematous; there was considerable swelling of the parotids. It seemed to be an attack of tonsilitis. Made a local application of arg. nit., gr. 1, and aqua, ℥j, and gave a five-grain Dover's powder, and ordered five powders containing pul. ipecac. et opii co., gr. iij, and quinia sulph., gr. ij, one to be taken every three hours. Next day, on visiting the patient, found the febrile symptoms had subsided, but the throat symptoms worse, and the throat and fauces covered with a thick white membrane, to such an extent as to render deglutition and respiration difficult. Made a local application of liq. fer. persulph. (Monsel's styptic) to the membranes as far as it could be reached. It did not extend down very far. This solution I have found, from previous experience, has the power of dissolving and removing the membrane without irritation. Continued

the powders, and directed broth and milk-punch for nourishment. The next day the membrane covered the fauces and throat in irregular patches. The fourth day, was called in haste to the patient, on account of a difficulty of respiration; found that the membrane had loosened from the fauces, and fallen down over the opening, shutting it like a valve. Introduced a pair of scoop forceps, caught the edge, and took away from each side pieces of membrane of the size of a square inch, and of the eighth of an inch in thickness. This relieved the breathing. The surface beneath was swollen and inflamed, to which an application was made of a strong solution of arg. nit. On the fifth day of the disease there was little fever, the strength of the patient being well sustained; the parotids continued swollen, and the cervical glands enlarged. The membrane had extended to the epiglottis, and, from the sneezing and discharge of water from the nose, was evidently extending up the nares. The sixth day there was considerable cough, and a total closure of the nasal passages. Local applications were abandoned, except an inhalation of iodine, gr. xv, in an ounce of ether sulph. On the seventh day a long patch of membrane was coughed up from the trachea. The breathing, however, was not much impeded, except that it was entirely through the mouth. Sleep was interrupted, and the patient's strength began to fail, though up to this time she had not kept her bed much of the time. Tr. fer. mur. was given in doses of gtt. x, increased to xxx, every three hours. A wash or gargle of chlorate of potassium was used, afterward changed to solu. soda chlo., for the purpose of relieving the fetor of the breath and as a disinfectant. The night of the eighth day was a restless one, with considerable cough and dyspnœa. In the morning, after a hard paroxysm of coughing, there came up a perfect cast membrane of the trachea, extending from the glottis to the bifurcation of the bronchia, where it seemed to be torn off. Found the patient very much depressed; pulse rapid, but respiration easy, and no râles discoverable in the lungs. On the fifth day the urine was examined, and found to be highly albuminous; it still continued to be so on the eighth. The patient was weak and anæmic, but still able to sit up part of the time. Considerable nourishment and stimuli were taken, and the breathing was easy throughout the day and night. The obstruction of the nares seemed to be removed; but during the night of the ninth day the patient sunk and died.

The babe was removed from the mother, and the second or third day was taken with a severe fever, and came out with a rash, looking like scarlatina, which subsided on the third day, without any throat symptoms. The other child and the husband remained in good health.

A sister of Mrs. V., who resided in Illinois, a hundred miles away, came to the funeral, and remained to take charge of the house. On the 3d of October, ten days after, she was attacked with well-marked diphtheria. It proved a mild case and subsided in three or four days.

August 21, a fatal case was reported in the south part of the city. Several cases occurred in the north part between the 14th of September and the 26th, but no deaths. On the 26th two cases occurred in a German family, two doors east from Mr. V.'s, children of five and seven years of age; both died; afterward another child died in the same family. From the 3d of October until the 25th of December there were thirty-two deaths, out of seventy-five cases. From August 19th until December 25th there had been ninety-eight cases and thirty-eight deaths. Two were adults, the rest children of from two to ten years; one case, however, is reported as of nineteen months. Of the nationality of the cases, the adults were Americans; of the children, the cases occurred in eighteen American families, ten Irish, and the rest among Germans, except one Welsh, one French, and one Danish. Of the deaths, eight were Americans, three Irish, one Welsh, one Danish, and the rest Germans, twenty-five.

I am unable to account for the greater number of cases and deaths among the Germans, as they are not settled together, but among the Irish and Americans, promiscuously. Many of the Germans live in better houses and are more cleanly than their neighbors, especially the Irish, among whom recovery took place from some of the severest cases.

Three or four cases and two deaths occurred in the south part of the city, on Fourteenth avenue; all the rest were on First, Second, and Third avenues, and a street above. The sanitary condition of the town, as regards drainage, is bad everywhere, but no worse than in the parts exempt from the disease.

There was no sequence to the attack of the disease. It made its appearance first at one end, and then at the other, and then in the

centre of an avenue. It generally attacked all the children of the family, but often only one member or child had it. In one family two children had the disease in September; the third was taken with it on New Year's day. In the fatal cases death occurred from the third to the ninth day after the seizures; two or three are reported as having died after recovery, from the prostration or from dropsy.

Paralysis of the muscles of the throat was common, and in some cases there was partial loss of the use of legs and arms, and in a few cases strabismus and weakness of vision. All have, as far as known, recovered from these sequelæ.

In all the fatal cases that came under my observation there was enlargement of the glands of the neck, and albumen in the urine. In the severer cases that recovered there was enlargement of the cervical glands, and, in two instances, albuminuria. The severity of the cases was prognosed by the amount of tumefaction of the parotids and the number of glands enlarged. Six or seven of the deaths occurred, early in the disease, from the extension of the membrane down to or below the glottis, producing croupal symptoms and asphyxia.

The results of treatment show no special advantage for medication in every way recommended in the regular practice, or homœopathically. About every course yet suggested has been tried. In regard to the locality, there is no discernible reason why it should appear in the north part of the city rather than in the south part. The population is more mixed, the ground is lower, and has less drainage in the south, where the disease has not made its appearance. Uninterrupted intercourse has taken place between the two sections.

Two or three cases were reported at the beginning of the year, so that the epidemic is not yet over. Scarlatina attacked the children in one or two families at the west end of Second avenue; except one case, it was of a mild type, with no membrane in the throat. In this family the babe died on the third day after the attack; three weeks afterward two older children died from diphtheria. Only a few cases of scarlatina occurred.

This is the history of the disease in Clinton up to the end of the year. It is said to be prevailing in several inland towns of Iowa.

RESECTION OF A PORTION OF THE LOWER JAW.

BY GEORGE W. HALDEMAN, M. D.,

Of Paola, Kansas.

Through the kindness of my friend, Dr. Carpenter, of New Lancaster, I was permitted to examine a boy, aged about twelve years, residing in a distant part of our county. A history of the case, as given by an uncle of the boy, corroborated by a careful personal inspection, revealed the existence of a large tumor attached to and springing from the right side of the lower jaw. It first appeared after the removal of a decayed tooth, and in a short time the adjacent teeth were loosened and displaced, when the tumor, in a few months, assumed the proportions of a large-sized pullet's egg. When I saw him the tumor was intruding upon the space occupied by the tongue, interfering materially with the processes of mastication and deglutition, and emitting a very offensive discharge.

My diagnosis was that the tumor was of the nature of an aggravated form of epulis, and I announced as my opinion that nothing short of an entire removal of the growth, and the parts from which it sprang, would be of any avail. Accordingly, on the second day of January, 1874, assisted by Drs. Carpenter, Hoover, Johnson, and others, I proceeded to operate. We were satisfied that, to get beyond the diseased mass, I must cut through the jaw in the space occupied by the outer lateral incisor of the left side. Having, therefore, removed all the teeth on the right side and up to the point indicated, and the patient carefully chloroformed by Dr. Hoover, I proceeded to cut through the soft parts, cutting downward from the left corner of the mouth, leaving the lip intact, to the base of the jaw, extending the incision along the same to a point beyond the angle. Turning over the soft parts, having checked the bleeding by the usual means, I severed the jaw at the point already named, with the bone forceps and a Hey's saw; and then dissecting the diseased from the healthy tissues, I divided the jaw at the angle.

The hemorrhage, which was not excessive, was readily controlled with a few ligatures and the application of styptics. This done, the wound, having been properly cleansed, was closed, and the parts held *in situ* by the necessary number of twisted and interrupted sutures,

and the dressing completed with the usual compress and four-tailed bandage.

The patient was left in charge of Dr. Carpenter, to whom we are indebted largely for the results, which are satisfactory to a degree beyond the most sanguine expectations. The boy recovered from the effects of the operation in a very short time. Soon the space occupied by the portion of jaw removed began to fill up with cartilaginous substance, which after a while began to harden and become osseous; and now, after the lapse of only two years, his jaw is, as it was before the operation, bony in all its parts! and the contour of the face preserved, with no marks of the ravages of the saw, forceps, and scalpel, except in the skin.

Believing that the results herein referred to will be viewed with interest by the profession, I venture to give them for what they are worth.

PEDICULOPHOBIA.

Read before the Rhode Island Medical Society, December 15, 1875.

BY JOHN E. PERRY, M. D.,

Of Providence, R. I.

Mr. R. first came to my office in January last. I saw him frequently, and the following is a history of his case:—He is 29 years of age, a factory laborer, strong and robust, neatly and cleanly appearing, and never had any affliction before. Some time ago he had discovered pediculi upon his body, and had been under treatment, but without improvement. He was frequently dwelling upon his malady, and seldom smiled. He was engaged to be married, but had indefinitely postponed the nuptial ceremony for fear of communicating the parasitic disorder to his wife. He imagined that the parasites were thickest about the pubes and anus, and experienced a sensation as if they were crawling over his body. I examined him several times, and found his skin smooth and healthy; but I failed, invariably, to find any pediculi. The hallucination that he had the real disorder had such a hold upon him, that even the reality could not have been worse.

"'Tis folly only, and defect of sense,
Turns trifles into things of consequence."

I next sought to determine whether the crawling sensation was real or imaginary, in order to know the nature and intensity of the patient's malady, as well as the best treatment. If real, it would be a skin disorder, and come under the class of neuroses of the cutaneous system, whose pathology would be a disorder of the nervous plexus of the skin. Disorders of this kind are pruritus, prurigo, hyperæsthesia, etc., according to the classification of Tilbury Fox.

Was this pruritus? In pruritus the itching is often intense, always a prominent symptom, and compels the patient to scratch; its character is intermittent, its duration variable. This patient did not have to scratch; his "crawling sensation" did not keep him awake, except when he would worry over it; it was not intermittent; it did not appear and disappear suddenly, but his imagination would will it to come and go. As he was mistaken in the presence of insects, he was probably mistaken in the reality of the sensation.

Falsus in uno, falsus in omnibus.

If he would believe there were parasites, when he was assured to the contrary, why wouldn't he be as likely to believe in the crawling and itching? At the same time, he would assert that if he could be convinced there were no pediculi upon him, he would feel all right, which was true, undoubtedly; but the trouble was to convince him.

"A man convinced against his will
Is of the same opinion still."

This sensation of crawling did not occur to him when his mind could be fortunately upon some other subject.

Was this prurigo? It is probable that the patient did have lice upon him, and was speedily cured before he came to me; but, according to authorities, pediculi cannot make a case of prurigo upon a healthy skin. The smooth, elastic, sound appearance of the dermoid surface would be inconsistent with that hypothesis. There were no black-pointed papules, and it was far from being an aggravating disorder like prurigo. Therefore, assuming it to be a hallucination, it belongs in the same category with such disorders as syphilophobia and imaginary cardiac lesions; and not having heard of such a case before, I deem it of sufficient interest to present it before this Society.

The treatment was as follows:—As he was positive in his belief, I commenced, before making an examination, with a wash of hydrargyri bichloridi, which was discontinued as soon as the real condition was apparent. I then adopted the treatment indicated for the skin diseases heretofore mentioned, such as alkaline baths, sedative applications, and tonics; but

local means failed, as I supposed. Phosphate of iron and nux vomica appeared to benefit. My best efforts to prove he was deceived, a victim of his own imagination and fancy, were never relaxed, and he certainly improved at last; he grew more cheerful, and he did not consider his evil of much magnitude. He proposed to get married without further delay. He was contented to let the matter alone hereafter. This disorder may be called pediculi *sui generis*, or pediculophobia.

AN INSTANCE OF REMARKABLE ABSTINENCE.

BY J. N. NORRIS, M. D.,
Of Birmingham, Iowa.

An instance of total abstinence from food, almost unparalleled for the length of time during which life was sustained with *absolutely* nothing but water, came under my observation about the middle of December, 1874, in the person of Eliza Ebert, aged 11 years, who was the subject of diabetes mellitus, and who was having at the time all the usual symptoms belonging to this malady—erratic neuralgic pains, headache, weakness and pain in the loins, voracious appetite, excessive thirst; would consume from two to three gallons of water in the twenty-four hours, and would void, by actual measurement, from sixteen to twenty-four pints of a light-straw or amber-colored saccharine urine in the same length of time.

All the usual remedies for this intractable disease were vigorously employed, with little or no benefit, and, about the middle of February following, chorea, in an aggravated form, was superadded, gravely complicating the original malady.

During the following two months she had a medley of symptoms, composed of those of diabetes, chorea and hysteria. Appetite at times voracious, at times capricious, and at other times two or three days would elapse in which not a particle of food or medicine was swallowed. Things remained in this condition till the 10th day of May, when she utterly refused all nourishment and medicine, and not a grain of either was taken throughout the long period of *fifty-nine days and nights*, and for days together no water was taken; and what is most remarkable, this long fast supervened on an already debilitated and anæmic condition of a system reduced by protracted and wasting disease. That there was no collusion between her and her mother (who was her constant attendant by day and by night), nor between her and any other person, I am abundantly satisfied. Many a time, when food had been prepared for her at my instance, have I seen her mother, with tears, implore her child to "just taste it." But all entreaties seemed rather to excite in her the emotion of anger. On such occasions the blood would mount to her temples, and with a wave of her thin, bony hand she would angrily motion her mother out of her presence. I myself tried on several occasions, as did her mother, to deceive her with water to which a little milk had been added, but her taste was so acute that she at once detected it, and always indignantly spit it out, after which days would elapse before she would consent to drink even water. During all this time nothing that could be called delirium was at any time present. Down to within three days of her death she seemed to scrutinize closely all our movements, actions and conversation, especially when the latter had any reference to her condition. For days together, during the last two months of her sickness, she would persistently refuse to answer when spoken to, or to ask for anything she desired, but communicated her wishes by signs and motions, though I am convinced that she could at any time have conversed intelligently had she so willed. The diabetic symptoms gradually disappeared after the fast commenced, so that three weeks before she died the urine was reduced to much less than the normal quantity. The bowels were relieved about once a week by the use of enemata, the appearance of the dejections being quite normal. It may be said by some that this patient should have been fed per rectum; but in contemplating the utter hopelessness of the disease, and the patient's great repugnance to anything and everything of the kind, the idea was abandoned. I see, under the article "Abstinence," in the *American Cyclopedia*, that two cases are cited where life was prolonged to sixty days; but in one of these the subject took a little orgeat occasionally (it don't say how much or how often), and the other subject used water, with the addition of orange juice; but my patient took absolutely nothing but water, and for three weeks very little of that. Taking everything connected with this case into consideration, I doubt if it has a parallel on record.

CANCER OF THE RIGHT SUPRA-RENAL CAPSULE, WHICH HAD BEEN DIAGNOSED AS ECHINOCOCCUS OF THE LIVER.

TRANSLATED BY JOHN B. ROBERTS, M. D.

From *Vierteljahrschrift für die Prakt. Heilkunde*, xxxiii, 1876.

M. Heitler (*Wiener Med. Presse*) reports the case of a woman, aged 51, who had had for several years a tumor in the right side, that was attributed to a fall, but which gave her very little trouble. The right side, from the fifth rib down to the level of the umbilicus, was very prominent, as was also the epigastric region, especially just below the arch of the ribs between the linea alba and the line of the nipple. The ribs were pushed outward, but the intercostal spaces were not obliterated.

Percussion showed nothing abnormal as regards the lungs, but there was dulness extending from the fourth rib downward to the line of the umbilicus, and as far across, to the left, as the mammary line. By palpation the sharp edge of the liver was plainly felt, corresponding with the transverse umbilical line, and continuing as far as the line of the nipple (right), where it disappeared, and led into a globular mass projecting downward and backward. The lower border of this mass could not be determined; but the liver itself was felt to be smooth. The urine was examined and found to be normal. The case was considered to be an instance of echinococcus of the liver. A puncture was made with a trocar, by which was obtained a yellowish-brown alkaline fluid containing albumen and red blood-corpuscles, but no hooklets. The wound healed in two days, without the patient having much pain, but five days later the patient died.

At the autopsy there was found in the abdominal cavity, on the right side, near the spinal column and firmly attached to it, an oval tumor about one and a half times the size of a man's head, and extending downward to the crest of the ileum. The kidney was pushed outward and downward, and its upper portion was compressed until it was tongue-shaped. The tumor extended to the diaphragm, which was forced up to the level of the third rib. The liver, pushed forward and to the left, was partially atrophied, and the outer portion of the right lobe was adherent to the tumor. The growth proved to be a sac, with brownish sanguinolent contents, to the posterior wall of which was attached a medullary mass. The right supra-renal capsule could not be found, but the tumor occupied its place, and apparently proceeded from it. The kidneys were large and of a light brown color; the pelvis and calices of the right were enlarged, and the mucous membrane of the same in both kidneys injected, and showing hemorrhagic spots. The ascending vena cava was flattened until it was as wide as two fingers, but, notwithstanding the pressure, there was no œdema of the lower extremities.

Hospital Reports.

UNIVERSITY HOSPITAL.

ABSTRACT OF A CLINICAL LECTURE BY PROF. LOUIS A. DUHRING.

Reported by Arthur Van Harlingen, M. D.

Eczema Palmarum et Plantarum.

The patient is a woman some sixty years of age, quite stout, a housekeeper by occupation, and apparently enjoying good health. The disease, she states, is confined to the palms of the hands and soles of the feet; in the latter it has existed for about two years, while on the palms it has only been present a few months. The affected skin is seen to be uniformly reddish in color; it is not a bright red, but a dull, pale carmine tint. The surface is covered everywhere with scales of varying thickness and size. They are of a dirty, yellowish-white color. They are quite adherent to the skin beneath, but here and there seem to become loose, especially at their edges, which present a ragged appearance; at many points they are indeed scanty, and cover the skin as a thin film. The tissues are everywhere thickened and infiltrated with inflammatory material.

Fissures of various size are observed over the surface; they have their seat in the natural lines of the part. They are a conspicuous feature of the disease. Some are very extensive, appearing as bright-reddish, raw-looking cuts, going deeply into the tissues and running across the palms in various directions. Others are smaller, and seem to give the part a chapped look.

The skin is harsh, rough, and dry to the feel, and shows no evidence of moisture. The fingers are extended and stiff, the patient being unable to close them on account of the pain experienced about the fissures when moved.

The affection is strictly confined to the hands and feet; it exists upon no other portion of the body. The nails of the fingers are not involved. Upon the palms the disease is sharply defined against the sound skin in the neighborhood of the wrists; a well-marked line of demarcation extends from the little finger, around the fleshy part of the palm, to the ball of the thumb.

The patient states that she does not have her hands much in water and soap-suds, nor does she pursue any occupation that tends to aggravate the condition of either palms or soles.

Violent itching and pain, upon motion, are the two most distressing symptoms of which she complains. The itching comes on at irregular intervals in the course of the twenty-four hours, and varies in regard to intensity. At times it is very severe, and causes her to rub her hands severely upon all kinds of objects, in order to obtain relief. She notices that it is always worse after having had her hands in water; new points of disease and fissures are also often noticed on such occasions.

The fissures are often so extensive and deep as to render it almost impossible for her to move her hands. They make their appearance often suddenly, and remain a longer or a shorter period; they incline to come and go from time to time.

The soles, although they look worse than the palms, because of the greater thickness of the epidermis, are not so severely affected as the latter. This may be accounted for by the fact that, while they have been the subjects of the disease for a longer period, they have not been exposed as much to external influences. The disease has had no treatment recently, and therefore presents a typical aspect.

But few diseases resemble the present one as it shows itself on the palms and soles. The three diseases which, occurring in these localities, may present appearances resembling those seen here, are eczema, psoriasis and syphilis. These affections may occur alone upon the palms and soles; they may, at the same time, occur upon other parts of the body.

From the history of the symptom of severe itching alone, we are inclined to believe that we have eczema before us.

We have enough in the palms to study from. We see that the skin is dry, and has a constant tendency to fissure, the patient assuring us that they have been, at times, much deeper than they are at present. So soon as they break open they bleed. The skin is, as you observe, everywhere thickened, and covered with yellowish scales; there is no moisture, no oozing or weeping. That which exudes from the fissures is bloody serum. As a rule, this form of disease is dry, and the patient tells us that it has always been so. It is squamous. It does not change its appearance from week to week, or from month to month; it is always the same; there is never any sign of ulceration, nor is there ever any deposit, such as occurs in syphilis.

Dr. Duhring here remarked that the study of diseases of the palm and sole, as well as those of the tongue, present difficulties, on account of the structure of those parts; they are difficult, also, to describe. We shall now proceed, briefly, to make a differential diagnosis between syphilis, psoriasis and eczema, as these diseases occur on the palms and soles; dwelling only on the more striking points. Were this syphilis, the disease would begin in the form of small, round patches; after a while these would grow and coalesce, but the disease would not be likely to spread over the whole palm. Here, as we see, it is generalized over the entire surface. In syphilitic disease the fissures are deeper than we observe them here, and are more permanent in character. In eczema the fissures open and close again within a short time. Itching is, usually, entirely absent, and is never severe in syphilis; it is always a very prominent symptom in eczema. Further, were this syphilis, it would tend to localize itself about the border of the palm; and on the outer edge of the diseased patch there would, in many cases, be observed a row of grouped papules, like small split peas, under the skin, showing the pathology of the disease.

The diagnosis from psoriasis palmaris is never difficult. Eczema and psoriasis often resemble each other closely, even when they occur upon the general surface, but still more so when upon the palms and soles. Psoriasis, however, when found upon the palm or sole, is rarely confined to this locality alone, but is commonly observed, also, in other parts of the body; nor is it usually diffused to the same degree; it is not apt to invade the fingers. The scales in psoriasis are more abundant than in eczema, and have a whitish aspect; they are cast off more freely, and are not, as a rule, so adherent. Fissures do not exist to the same extent in psoriasis; they may be present, but are rarely so deep or so painful as in eczema. Itching is not a prominent symptom in psoriasis; when the affection is highly inflammatory, the sensation is rather that of burning than itching.

The cause, in a disease of so long standing, is difficult to ascertain. The patient believes herself to be in the enjoyment of perfect health; her appetite is good, her bowels are regular, and there is no tendency to any breaking out of the disease elsewhere. The course of the affection is manifestly chronic. Eczema of the palms and soles, Dr. Duhring said, very rarely occurs as an acute affection.

As the disease seems local, and no apparent reason for internal treatment exists, we shall employ local treatment alone. It is impossible always to say precisely what treatment will relieve. Tar, however, in some form or other, is usually found the best, especially when patients can give themselves up to the treatment. When a patient follows some handicraft, or is obliged to use his hands daily in some occupation or other, of course it is impossible to employ a remedy like tar, which imparts its odor and color to everything with which it comes in contact. In the present case, the patient will be able to follow out this treatment, and we shall, consequently, order her the following ointment:—

℞. Picis liq., ℥j
Adipis, ℥j. M.

Sig.—To be rubbed well into the hands, for ten or fifteen minutes at a time, morning and evening.

Our patient tells us she has already used tar without effect, but that shall not deter us from ordering what we think right; for what may have been of no benefit a month or two ago may prove very serviceable now.

The prognosis is serious, as eczema palmaris is one of the most obstinate local varieties of the disease.

LONG ISLAND COLLEGE HOSPITAL.

Case of Fracture of the Scapula,

Presented at the Surgical Clinic, March 11th, 1876,

BY PROF. JARVIS S. WIGHT.

Reported for the MEDICAL AND SURGICAL REPORTER by Benjamin F. Westbrook, M. D.

GENTLEMEN:—Here is a case of a very rare injury, a fracture of the body of the scapula. It is the result of direct violence. This man was injured by a bank of earth falling upon him. His foot was twisted, and there was an obscure injury about the left shoulder.

The diagnosis was made by grasping the upper portion of the bone with the right hand, while the left held it below; then, by making a slight movement, it was discovered that there was a solution of continuity in the bone. Crepitus was also distinctly felt.

The fracture begins at the posterior border, between the insertions of the rhomboid muscles, but where it ends I do not know; it does not, however, extend clear across the bone. As you see, there is no deformity. The points I desire you to note are these: first, the rarity of the fracture; second, its being incomplete; third, that it is the result of direct violence; fourth, the certainty of the diagnosis and the ease with which it is made in this case.

EDITORIAL DEPARTMENT.

PERISCOPE.

Change of Climate in Consumption.

In the *British Medical Journal*, Dr. C. Theodore Williams puts and answers these questions:—

1. What cases are most benefited by sea voyages?
2. What ones by dry climates?
3. Are moist climates beneficial?

1. The cases which I have seen do best are, first, cases of hemorrhagic phthisis; second, cases of limited consolidation with no pyrexia, occurring in young men overworked at in-door occupations, and who have suffered from the septic influences of life in great cities, such as clerks, shopmen, secretaries, and the like. This form of treatment is far better suited for men than for women.

2. As to the second query, as to what class of patients profit most by dry climates, it has been shown that, taking collectively all forms and degrees of phthisis, the dry climates are the most likely to arrest the disease; and also that a dry and moderately warm climate, like that of Southern Europe, is most successful in the treatment of consumption of inflammatory origin. The question whether a cold dry or a warm dry atmosphere is the best for ordinary chronic phthisis, depends, to a great extent, on the individual's power of maintaining circulation and temperature. When these suffice, the cold climates are preferable; but in the majority, and especially for women, whose circulation is weaker, the warm and dry are the best, for they are thus enabled to live more in the open air. Elevation is of some importance; and I should always choose a mild climate with elevation than one without it. Mountain air is not beneficial solely on account of its purity, for on this point sea and desert air may vie with it; there is another factor in the low barometric pressure and atmospheric rarefaction, and the expansion of the lungs thereby caused may be of great value in chronic first-stage cases. At present, the trial of mountain climates must depend on the supply of suitable accomdation and food for invalids. If in the Andes sanitaria these articles were of a nature fit to offer to our comfort-loving British consumptives, I would not hesitate, after the evidence of Archibald Smith, Walshe, and others, to recommend them, as some can also boast of a warm winter temperature; but, alas! those who repair thither at present must be content with Spanish habits, Spanish food, and an unsettled government. The Alpine elevated sanitaria do not, according to my experience, supply in winter sufficiently good food for British consumptives; and, although they attract crowds of German and Swiss, they must not expect our countrymen in equal numbers until they feed them properly.

3. As to the desirability of moist climates for consumptive patients, the evidence is decidedly against their use in the treatment of ordinary chronic phthisis. The addition of warmth only makes the damp tell more unfavorably, though a strong saline element and invigorating breezes do something to counteract the humid influence; still, even these do not place a moist climate on the same level as a dry one. There is one exception, however. Phthisis, of catarrhal origin, has been shown to profit most by a warm and equable climate, even

though accompanied by a certain amount of moisture, as the evidence of Madeira witnesses.

Finally, in all climate questions, full note must be taken of the patient's inclinations, means, and, above all, of his disposition and temperament; and exile must not be decreed to those who are incapable of making themselves happy under the changed conditions of life, or all our scientific grounds for a climate decision may collapse like a house of cards.

Pathology of Heat-Stroke.

Prof. R. Arndt, of Greifswald, says, in *Virchow's Archiv*, that, in the summer of 1870, a number of soldiers died from the effects of heat-stroke. At the *post-mortem* examinations, nearly all the viscera, as well as the skin and muscles, appeared pale, but the large vessels in them contained much dark liquid blood. This state of anæmia Dr. Arndt regards as contradictory to a large number of authors who found in sunstroke, especially, hyperæmia of the brain. The explanation of this contradiction he believes to be that they were deceived by the overcharged larger vessels, which overflow when cut. In all Dr. Arndt's cases, the brain was swollen, on account of which the convolutions were flattened and had no space between. The ventricles of the brain contained much serum. The œdema caused compression of the smallest vessels in the brain, in consequence of which the blood was driven to the veins. The liver and kidneys are in a similar state, and the author thinks that probably nearly all the organs were œdematous. But he considers the granular swelling of their parenchyma as a still more important change, nay, as the nearer occasion of the heat-stroke; though he did not prove by microscopical examination that this condition existed, as the necropsies were made under peculiar circumstances. Among the symptoms of heat-stroke, there is first noticed increased temperature, especially if the individual have enjoyed neither rest nor refrigerants. The pulse is increased to 120, while the number of respirations is 30. Perspiration is freer than usual. Frequently the vision becomes impaired, ringing in the ears is noticed, and dizziness comes on. Sometimes there is bleeding from the nose and mouth. If persons attacked in this matter be put to rest for a few days, the symptoms pass off. In more severe cases, the skin becomes dry, on account of the extraordinary temperature, which may rise to 111 deg. Fahr., with difficult respiration, palpitation, impaired vision, and precordial anguish. Suddenly, the person breaks down and remains senseless, the respiration becomes superficial, the pulse is weak, uncountable, the blood is dark; occasionally vomiting is noticed. Death occurs seldom, but takes place sometimes after a partial recovery. Some persons never recover entirely, but suffer always under physical irritation and weakness, the more so when the brain was the principal organ attacked. In cases which terminated fatally, there was found an acid reaction of the blood. The blood was also loaded with excretory matter. The state of the blood in cases of heat-stroke is considered by the author of less importance than the high temperature of the body. In septic diseases, where a similar condition of blood prevails for a longer period, there is also a high temperature. Very often the diseases are followed, like heat-stroke, by alterations of the nervous system, and inclination to diseases of the mind. Dr. Arndt asks if these phenomena are called forth, as in heat-stroke, by granular swelling, or parenchymatous inflammation of the brain-substance, followed by disturbances in the nutrition of the brain.

On Ergotinine.

According to the *Chemist and Druggist*, Wenzell obtained two alkaloids from ergot of rye, ergotine and ecboline. Not having been separated in a state of purity, their properties have been little studied; but Wenzell considered ecboline to be the active principle. M. Tauret, who employs a method quite different from that of Wenzell, has succeeded in obtaining a small quantity of an alkaloid, which he terms ergotinine, to distinguish it from the indefinite mixtures known as ergotine. Ergotinine is separated as follows: Coarsely-powdered ergot of rye is exhausted by twice treating with boiling alcohol of 86 degrees, in such a way as to get two pounds of filtrate from one of ergot. The alcohol is recovered over the water-bath, and the residue allowed to cool, when it is found to consist of three distinct portions: a stratum of oil on the surface, some liquid extractive, and a deposit of resin. The oil is removed to a flask and corked up, the liquid is rapidly filtered, and the resinous deposit washed with ether. The fat and the liquid extractive, treated separately, yield the alkaloid. The first is dissolved in ether, which has already been used for washing the resin, and the alkaloid withdrawn from the filtered solution by agitating with successive portions of diluted sulphuric acid. The aqueous solution of the sulphate of the alkaloid, filtered and washed with ether, to remove the last traces of fat, is then treated with excess of potash, and agitated with chloroform. The chloroform solution of ergotinine yields that body on evaporation *in vacuo*. The liquid extract is distilled over an oil-bath in a current of hydrogen, till every trace of alcohol is judged to have passed over. The receiver is then changed, slight excess of carbonate of potassium is added, and the distillation is continued. The water which passes over holds in solution methylamine and another very odorous body. When concentration has proceeded so far that bumping is imminent, hot water is added, and the operation continued. The syrupy residue is acidulated, washed with ether, slight excess of potash added, and, finally, agitated with chloroform, which dissolves the alkaloid, and furnishes it on evaporation, as before. Ergotinine has a strong alkaline reaction, and satu-

rates acids. It precipitates with the usual alkaloidal reagents. It is soluble in alcohol, chloroform and ether, and rapidly alters on exposure to the air. The most striking reaction of ergotinine is the color it assumes with moderately-concentrated sulphuric acid. This is first reddish-yellow, and then an intense violet-blue. The power of producing this reaction is lost after a few minutes' exposure to the air. Solutions of the salts of ergotinine become rapidly rose-color, then red, under the influence of the air. If the liquid extractive be distilled with strong potash or soda, no alkaloid is obtained, but only methylamine, doubtless produced by decomposition of the former. The want of stability of ergotinine may explain the rapid deterioration of powdered ergot.

Limits of Microscopical Observation.

It is stated in the *Scientific American* that the annual address, delivered February 2d, to the Royal Microscopical Society, by the President, H. C. Sorby, Esq., F. R. S., was upon the probable limit of microscopical observation, considered in reference to the physical constitution of matter. The author omitted, for the purpose of this inquiry, the limitation imposed by the residual imperfections of the instruments after the best corrections have been made. Supposing the instruments perfect, light itself was, when compared with the utmost molecules of matter, too coarse a mean to enable us to see them. Referring to the researches of Helmholtz and other physicists, and comparing them with the practical results of microscopists, it appeared that the microscope enables us to obtain distinct vision of objects, such as lines 1-80,000″ apart, and that with photography and blue light such objects could be depicted when 1-112,000″ apart. Comparing these quantities with the millions of millions of molecules of albumen and other substances probably existing in a cubic 1-1000″, it shows how far microscopical investigation would be from revealing molecular structure; and as a rough illustration, the highest powers were as much behind the mark as the human eye if it attempts to read a newspaper a quarter of a mile distant. After a variety of illustrations, Mr. Sorby took up the question of Darwin's pangenesis from a microscopical point of view, and showed that, notwithstanding the minuteness of spermatozoa and the essential germinating parts of ova, there was room in them for millions upon millions of the complex molecules the theory required. A sphere of albumen 1-1000″ in diameter probably contained 530 millions of millions of such molecules.

Prizes in the University of Pennsylvania.

In the list of names of those to whom prizes were awarded at the late Commencement of the University of Pennsylvania we unintentionally omitted the following names:—Gold Medal, Anatomical Prize, to Charles B. Goldsborough, of Maryland. Thirty Dollar Prize, for Anatomical Anomalies, to Joseph J. Bisbé, of Cuba.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Second Annual Report of Rhode Island State Prison Committee, 1876. An estimate of the expenses in repairing the prison.

——Second Annual Report of City Physician of Knoxville, East Tennessee, for 1875. The statistics are attractively arranged, and flattering inference in the way of sanitary government allowed.

——Report of the Board of Health of the City of Reading, Pa., 1876. The sanitary abuses recited in this communication ought at once to be corrected, if Reading's mortuary list is not to foot high. A police of health in such a city is a necessary luxury.

——Annual Report of Medical Board of St. Michael's Hospital, Newark, New Jersey, January 1, 1876. Judging from this statement, Newark has been singularly befriended during the past year. No eruptions of diseased nature. No epidemics are recorded, and the isolated cases of contagion have not troubled the wards at all. Quite a varied list of eye and ear affections in the dispensary is printed.

——"Mania-a-potu." By L. A. Dugas, of Augusta, Georgia. Cold-water douches to the head constitute the remedy. The doctor argues the success of the treatment, but we think every case does not call for such a baptism. Chloral and digitalis fulfill the indications in a much more agreeable manner.

——"Massage in Amenorrhœa and Dysmenorrhœa." By Douglass Graham, M. D., Boston. The results of the movement-cure have been studied by Dr. Graham, and here reported, in connection with the notes of Dr. Stoddard, of Northampton, bearing on two trials at his hands of massage. This kind of treatment does not strike us as empirical, as it once did. Every physician is often baffled in prescribing for indefinite morbid sensations; no medicine seems to hit the trouble. A rousing kneading or vigorous manipulation of the muscles is a happy expedient in such cases, and seems to infuse a new life and energy into the sleepy members. The cure in these subjects of amenorrhœa and dysmenorrhœa was evidently because the system was stirred up, and its tone restored

by exercise. We concede some virtue to this "rubbing" practice.

——"Mammitis Treated by Bandaging." By L. A. D. This is the third article on our table by Dr. Dugas, and gives his preference for the roller in cases of inflamed breasts, as a compressing and supporting agent. This method consults the comfort of the patient and the convenience of the doctor more than the "strapping" plan, and is in this article elevated into the importance of a special treatment.

——"Remarks on Intra-uterine Polypi." By A. R. Jackson, M. D. Chicago, 1876. This is a report of the Section on Gynecology read before the C. Society of P. S. The author is content to select from the fertile field a single product, and in an unpretentious way calls up a brief history of polypi, with hints or data for their diagnosis. The views given are substantiated by several cases reported, which bear well as samples. No new development in his study of the growths startles our curiosity. The methods of treatment are all orthodox, and now popular.

——"Contribution to the Study of Syphilis of the Nervous System." By R. W. Taylor, M. D., New York. This paper is based on the clinical evidences of three cases of cerebral disorder, that are explained as expressions of the syphilitic habit. Just at this time, when the damages of this poison to the nerve-cells are being earnestly recited, an essay like this is quite an accession to the works on mental diseases. The author reasons by exclusion, and fortifies his convictions by the most careful bedside notes. Two hundred and forty grains of iodide potash daily (p. 5) ought to control a *few* of the manifestations of syphilis.

BOOK NOTICES.

The Cause of the Commencement of Parturition. By Charles M. Crombie, M. B., M. C., etc. London, J. & A. Churchill, New Burlington street, 1875. pp. 38. From John Penington, Philadelphia.

This subject was made a matter of discussion recently at the Aberdeen Medico-Chirurgical Society, and proves to be one of very great interest. The author gives, at some length, the views at present generally held upon this subject. As an apology for his thesis, if any could possibly be necessary, he quotes Naegele: "To a knowledge of the mechanism of labor alone is owing the existence of a helping hand in difficult labors, and precisely in consequence of the lack of it is to be found the chief reason why every branch of obstetrics has remained so remarkably long in the rear of the other departments of the healing art, and why our art, in spite of the efforts and enthusiasm of the most talented men during the second half of the last century, made none of the advances which we might have reasonably expected."

This observation has still too much truth. Many of our so-called obstetricians are easily satisfied at having a safe delivery from a vexatious case, and do not care to know how or why the delivery was accomplished.

Dr. Crombie attempts to establish the fact "that there is a process going on during the whole period of gestation that has hitherto been altogether overlooked, or very imperfectly attended to." He has come to the conclusion that active uterine contractions take place during the whole period of gestation.

By analogy, he reasons away the belief that nine calendar months, forty weeks, or 280 days, is the appointed time of gestation, and that parturition must commence at its close. "Looking to the duration of pregnancy, therefore, there is discoverable no precise date when it shall terminate in labor; an event which clearly depends, like every other physiological result, on the state of activity in its relation to time."

The author believes labor is no new function, but that the uterus has been constantly endeavoring to expel the ovum, "and this becomes manifest in the gradual access and advance of the process which culminates in delivery." This view is similar to that of the late Prof. Charles D. Meigs, who used so graphically to describe the fundus as striving to evict the ovum, while the os and cervix were as earnestly holding it in, until, finally, the latter, tired out, let go, and the delivery was accomplished.

The author's "signs" of activity of the uterus during pregnancy are:—

I. Its great development. Analogy shows that no growth of muscle occurs in a state of absolute torpor, hence it is inferred that active contractions produce this enormous growth.

II. Abortion in premature labor. This may occur at any time, hence the inference that the action of the uterus is constant, and ever ready to drive out its contents.

III. Quickening. This occurs at an indefinite point of time, varying from the second to the eighth month. When so very early, it is not possible to be caused by the child's motions, as it then has neither bones nor muscles. "As it is a sensation of movement, of which the woman becomes conscious, that, itself, may be taken as proof that it cannot, at this period, be the movements of the fœtus which she feels; for the power of appreciating the movements of bodies is a capacity with which the viscera of the human body are not endowed." Lastly, when the fœtus has strength to kick, perception may be conveyed to the mind of the patient through the muscles of the abdomen and the skin. Again, the sudden application of cold to the abdomen, it is well known, will induce uterine contractions; yet, when we apply a cold hand to the abdomen prior to delivery, we attribute the peculiar feeling induced, not to the contraction of the uterus, which it really is, but to a movement of the fœtus, caused by the cold hand. How can so slight a cause produce perception of cold in the fœtus through the liquor in which it floats? This would require a change of temperature either in the whole of that fluid or an impression to be conveyed across to the child, either of which is ridiculous.

IV. The so-called "false pains" equally prove the truth of the proposition. These commence days before parturition.

The consequences of labor show that the womb never rests while anything remains within it. The child expelled, it closes on the placenta; that away, it closes on any clots that may be there; it only rests when completely emptied. Menstruation equally proves the uterus an expelling organ. This is a miniature labor.

Next, how is the ovum retained during pregnancy? There is no antagonism between the fundus and cervix. What is the action of the cervix during labor? Actual observation shows that, while the fundus is forcing the child down, the cervix is pulling upon the vagina, so as to slip it over the presenting part and the body of the child. "The one directs the fœtus outward, the other directs the maternal passages inward." Like drawing on the finger of a glove.

The real protection of the ovum is in itself. The membranes which connect it with the womb retain it *in situ*. To cast out the ovum, the entire decidua must be detached. "The disintegrating process, which ultimately separates the placenta from the uterus, is what terminates the connection, and leaves the fœtus to be expelled."

The presence of the liquor amnii prevents the effect of the expelling force; its withdrawal ushers in parturition. "This fluid being contained in a perfectly-closed cavity, it is manifest that, according to hydrostatic principles, any pressure brought to bear on one part will be met by pressure equal and opposite in direction." But, as pregnancy goes on, this fluid diminishes, relatively to the size of the fœtus, and no longer entirely surrounds its body. When the fluid escapes, the whole body is exposed to the expulsive power of the womb. These facts are constantly observed.

Again, ergot is powerless to bring on labor; but, once begun, ergot expedites it.

The absence of acute pain is due to the presence of the liquor amnii. Only where the walls of the uterus come in contact with a solid substance, as the head or body, does acute pain follow the contractions.

He sums up:—"It is manifest that the great muscular development of the uterus; the occurrence of abortion at every stage of pregnancy, or what is called premature labor; the irregularity in point of time when the fully-formed fœtus is delivered; the possibility of inducing labor at any time; the movements of the uterus felt during gestation; and, lastly, the gradual approach of natural labor, are all facts from which it may justly be inferred that the uterus is active during the whole period of the pregnant state.

"On the other hand, it is equally evident that the manner of attachment of the ovum to the uterus, the condition of the cervix, and the relation of the liquor amnii to the body of the fœtus, are circumstances opposing the casting out of the fœtus, and that it is the change in the disposition of these circumstances that gives opportunity for the play of the expulsive power of the uterus, and the occurrence of parturition. The existence, therefore, of the fœtus *in utero* is a struggle maintained by the antagonism of opposite forces."

The value and importance of this little brochure must be our excuse for this lengthy notice. We trust it may lead others to an examination of these points, in order that the inferences may be verified or disproved.

THE

Medical & Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M. D., EDITOR.

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A UNIVERSAL LANGUAGE FOR SCIENCE.

When, after the migration of nations which took place at the dissolution of the Roman Empire, the races of Europe and Eastern Asia slowly grew once more toward civilization, they established closer commercial relations to supply each other's wants. This intercourse led to the adoption, in the processes of commercial arithmetic, of signs easily intelligible to all nations, in place of the complex and local systems of numbering known to the Latins, Greeks, and Hebrews. These signs were the so-called Arabic numerals, which, however, not the Arabs, but the Chinese, first devised. The immense development the practical science of arithmetic owes to them is well known.

Some centuries later the eccentric genius of Jerome Cardan discovered the use of symbols in computation, in place of quantities, and thus originated the science of Algebra, by which the intellect is taught the abstract relations of number. Through its application to geometry, Leibnitz and Newton reached the invention of the calculus, the aid of which is now indispensable in all the higher branches of physics.

The effort of all science is to look through phenomena into the law or system by operation of which they come to pass; and the law or system, when reached, is always capable of expression under a mathematical formula, which is intelligible by every reader possessed of mathematical training, no matter where he is, what language he speaks, or under what circumstances he learns it. Hence, we have, by the labors of such men as we have mentioned, a universal language, in which all scientific truth is capable of expression.

While this is true of the abstract results of investigation, it is not true of the immediate study of phenomena; and it is thus untrue simply because men are pleased to have it so. For instance, the measurements of temperature are made in different countries by four varieties of thermometers; the estimation of distance by three or four discrepant standards; of weights by as many more; in quantity, in light, etc., the same absence of any uniformity prevails, and this between the distinctively scientific nations. The consequence is, that enormous toil is thrown away in converting one standard into values of another; and very often, on account of the labor this would involve, numerous and careful observations are neglected by those engaged in generalizing from comparison.

In medicine, the apothecaries' weights and measures, the methods of writing prescriptions, the grading of clinical thermometers, etc., differ as much as do the qualifications for a diploma in different countries. Many an article, many a series of observations, forfeits, for this reason, half its value, for most readers are not able readily to translate the one standard into the other, and will not take the trouble to work the problem out.

In these days of International Congresses,

and World Conventions of Scientists, it seems high time that these needless and absurd obstacles to study be done away with the very first thing. What stands in the way of an immediate and sweeping reform in this direction? Some say the inertia of conservatism; but probably national pride has as much to do with it. We don't want to be beholden to another people for information how to measure and weigh. This is a petty and a foolish pride, which should be dismissed without parley.

If it was a Frenchman who first hit the happy idea of a decimal measurement of quantity and heat, and if this idea is the best one, let us be as honest as he was clever, and adopt it forthwith.

In the approaching International Medical Congress in Philadelphia this subject is, we understand, going to be prominently put forward by the eminent writer, Dr. Edward Seguin, of New York. At intervals in the last three years he has brought it before the American Medical Association, the British Medical Association, the French Association for the Advancement of Science, and the International Medical Association at Brussels.

In a communication we have seen from him he states that, in furtherance of these antecedents, it is now proposed to submit the same question to the next International Medical Congress; to ask the Congress to constitute National Commissions similar to the French one, which has volunteered its service in Paris; to appoint the next meeting of the International Medical Association as the place where these Commissions will present a joint report on the most practical means of *uniformizing* the methods, instruments, and records of observation; to consider the feasibility of this plan in connection to—but not by confounding it with—the adoption of the French Metric System; to entrust all the executive measures demanded for the realization of this plan to Dr. W. B. Atkinson, the General Secretary of both the American and the International Associations.

Dr. Seguin has our warmest sympathies in his effort, and we feel confident that in the near future it will meet with the success it merits.

Notes and Comments.

The Plethysmograph.

This is the name of an instrument invented by Dr. Mosso, of Turin, to measure the action of the blood-vessels in the human body. The apparatus is described as a sort of muff, made of vulcanized india-rubber, somewhat similar to the apparatus employed by Junod for dry-cupping. This is filled with water, at the temperature of the body, and so arranged as completely to envelop the member to be experimented on. The water in the muff is made to communicate with a cupel, by means of two glass tubes, which are equally filled with water, suspended over another liquid of less density. As soon as the slightest motion occurs in the muscles or blood-vessels of the limb (the forearm, for instance), the water rises or falls according to the degree of motion imparted to it. In other words, if the blood-vessels of the forearm be dilated, the water in the tube rises; if contracted, the water falls. A needle fixed to one of the tubes traces an interrupted line, which faithfully represents the succession of movements imparted to it through the liquid. M. Claude Bernard observed that the use of the apparatus may be of a more extended application than would appear at first sight. "It may serve to study and demonstrate some of the most important phenomena of the blood-vessels of the body; and it affords the means of solving questions of a more general character, appertaining to the physiology of the mind, of the action of the brain, and of the conscience."

The Parasitic Theory of Disease.

The editor of the *Medical Press and Circular* says, on this much debated subject:—The idea that minute atmospheric germs were the cause of diseases, as well as putrefactive changes, is no new theory; it originated with Kircher and the pathologists of the seventeenth century. Since their time it has been frequently revived, and hundreds of more carefully conducted experiments than those made in their days have certainly done very little toward confirming it

in the minds of the profession. The late Professor Hughes Bennett and his able assistants conclusively proved the fallacy of the theory; in fact, their numerous experiments indicate that the production of infusorial life depends, for the most part, upon temperature, chemical constitution, density, and other equally important physical properties of the air, rather than on living floating organisms.

Milk as a Vehicle of Contagion.

In a recent pamphlet by Mr. A. H. Smee, an English sanitarian, the author reaches the conclusion that there is undoubted evidence to show that milk can be the vehicle of contagion:

By direct communication of the contagion, either by the water used for the purposes of adulteration, or by the vessels in which it is stored being cleansed with impure water.

By the absorption of the contagion by the exposure of milk to deleterious gases.

That in extreme instances power to communicate disease is produced in the milk itself, probably from an altered secretion of diseased animals.

Correspondence.

Position in Shoulder Presentation.

Ed. Med. and Surg. Reporter:—

Your notice in the Periscope of February 12, of this year, of an article published in the *Medical Record*, by Dr. E. R. Maxson, of Syracuse, N. Y., on "Position in Shoulder Presentation during Parturition," interested me very much. I fully agree with him in regard to the importance of this position (viz., the chest and knees) in the management of such cases, and will state, as further endorsement, that I have successfully employed the method for nearly ten years. The first case in which I resorted to it I was called to June 7, 1866, the details of which were published July 15, 1866.

At this time I was not aware that any one had ever employed the method before, and my learned professional friends were equally ignorant. The discovery that it could be done occurred to me under similar circumstances as are related by Dr. Maxson, on its discovery by him, and as the report of my case, to which I have alluded, will clearly set forth. It will be seen, in the same report, that I suggest an additional importance for this position in the practice of midwifery. I propose to utilize it further, and perform pelvic or podalic version. In a subsequent brief article, the following year, I published the report of several cases of pelvic version by the above-proposed method, and announced the important advantages found, which were as follows:—1. Relief of impaction by the gravitation of the uterus and its contents. 2. The retention of the uterine fluids during the operation. 3. The relaxation of the vaginal walls. 4. The hand and arm may be pressed within the uterine cavity more nearly in a line of the axis of the superior strait than by any of the former methods.

Since 1866 I have invariably adopted this method, when called upon to perform pelvic version, and with such success and satisfaction that I no longer consider this most dreaded of operations by accoucheurs one of the difficult operations in obstetrics. Often I do it without putting the patient under the influence of an anæsthetic. I am not only convinced that great mechanical advantages are gained by the position, but that the patient suffers much less pain while the operation is being performed. The facility with which all forms of preternatural presentations in utero can be corrected by this method is so great, and without additional risk to either mother or child, that I am led to make the following changes almost invariably, viz.: the face presentation to a vertex, and the different forms of transverse to a vertex, and even a breech, when desirable, which does not often occur.

I do not wish to claim the entire honor of this important discovery in obstetric practice, but only a share, notwithstanding I was the first in print, and am not disposed to discredit Dr. M.'s statement that he had practiced it several years before he published his paper; nor would I be disposed to discredit the statement of any other reputable physician that he had employed the method before either of us, for it seems such a simple deduction, from common, reasonable principles, that such would be presumption. My chief desire in the matter is to join with him and other physicians who know of the value of the method, in extolling its merits and permanently placing it among the life-saving means of managing preternatural presentations.

Dr. M. wonders why this mode of managing shoulder presentation is not more generally practiced by physicians than it is, since the knowledge of human sacrifice, doubtless from not resorting to this method, reaches him by published reports, frequently. But he will cease to wonder when he reflects for a moment how slowly, now, such simple, practical hints are taken in by the pulsating centres of medical education. Nearly ten years have passed since the report of my case became the property of the profession, and nearly nine since his paper went forth for public instruction, and yet it has not been taught as even a mode of treatment by the teachers of obstetrics in the schools of this city, or in those of any other, so far as I have been able to ascertain.

This may be a compliment to the teachers of our profession; but I am inclined to the opinion that hints of less practical importance, which have come from the crucible through the microscope, and are the results of some cun-

ningly-devised surgical instrument, have taken deeper hold upon the minds of our learned professors. ALEXANDER HADDEN, M. D.

New York City, March 13th, 1876.

NEWS AND MISCELLANY.

The International Medical Congress, 1876.

The programme for this important event was crowded out of our columns last week. We now give it in full, as far as issued :—

PRELIMINARY PROGRAMME.

The Congress will meet at noon, on Monday, September 4th, 1876, in the University of Pennsylvania. The following addresses will be delivered in general meeting :—On Medicine, by Professor Austin Flint, M. D., New York. On Hygiene and Preventive Medicine, by Henry I. Bowditch, M. D., of Massachusetts. On Surgery, by Professor Paul F. Eve, M. D., of Nashville. On Obstetrics, by Professor Theophilus Parvin, M. D., of Indiana. On Medical Chemistry and Toxicology, by Professor Theodore G. Wormley, M. D., of Columbus, Ohio. On Medical Biography, by J. M. Toner, M. D., of Washington, D. C. Address, by Professor Hermann Lebert, of the University of Breslau. On Medical Education and Medical Institutions, by Professor Nathan S. Davis, M. D., of Chicago. On Medical Literature, by Professor L. P. Yandell, M. D., of Louisville. On Mental Hygiene, by John P. Gray, M. D., of Utica, New York. On Medical Jurisprudence, by Professor S. E. Chaillé, M. D., New Orleans. Discussions on Scientific Subjects will be opened in the sections as follows :—

SECTION I. MEDICINE.—Typho-malarial Fever; is it a special Type of Fever? J. J. Woodward, M. D., Assistant-Surgeon U. S. A. Are Diphtheritic and Pseudo-membranous Croup Identical or Distinct Affections? J. Lewis Smith, M. D., of New York. Do the Conditions of Modern Life favor specially the Development of Nervous Diseases? Professor Roberts Bartholow, M. D., Medical College of Ohio. The Influence of High Altitudes on the Progress of Phthisis. Charles Denison, M. D., of Denver, Colorado.

SECTION II. BIOLOGY.—Microscopy of the Blood. Professor Christopher Johnston, M. D., of Baltimore. The Excretory Function of the Liver. Professor Austin Flint, Jr., M. D., of New York. Pathological Histology of Cancer. Professor J. W. S. Arnold, M. D., of New York. The Mechanism of Joints. Professor Harrison Allen, M. D., of Philadelphia.

SECTION III. SURGERY.—Antiseptic Surgery. Professor John T. Hodgen, M. D., of St. Louis. Medical and Surgical Treatment of Aneurism. Professor William H. Van Buren, M. D., of New York. Treatment of Coxalgia. Professor Lewis A. Sayre, M. D., of New York. The Causes and Geographical Distribution of Calculous Diseases. Claudius H. Mastin, M. D., of Mobile, Ala.

SECTION IV. DERMATOLOGY AND SYPHILOGY.—Variations in Type and in Prevalence of Diseases of the Skin in Different Countries of Equal Civilization. Prof. James C. White, M. D., of Boston. Are Eczema and Psoriasis Local Diseases, or are they Manifestations of Constitutional Disorders? Lucius Duncan Bulkley, M. D., of New York. The Virus of Venereal Sores ; its Unity or Duality. Prof. Freeman J. Bumstead, M. D., of New York. The Treatment of Syphilis, with Special Reference to the Constitutional Remedies appropriate to its Various Stages ; the Duration of their Use, and the Question of their Continuous or Intermittent Employment. Prof. E. L. Keyes, M. D., of New York.

SECTION V. OBSTETRICS.—The Causes and the Treatment of Non-puerperal Hemorrhages of the Womb. Prof. Wm. H. Byford, M. D., of Chicago. The Mechanism of Natural and of Artificial Labor in Narrow Pelves. Prof. Wm. Goodell, M. D., of Philadelphia. The Treatment of Fibroid Tumors of the Uterus. Washington L. Atlee, M. D., of Philadelphia. The Nature, Causes, and Prevention of Puerperal Fever. Prof. William T. Lusk, M. D., of New York.

SECTION VI. OPHTHALMOLOGY.—The Comparative Value of Caustics and Astringents in the Treatment of Diseases of the Conjunctiva, and the Best Mode of Applying them. Prof. Henry W. Williams, M. D., of Boston. Tumors of the Optic Nerve. Hermann Knapp, M. D., of New York. Orbital Aneurismal Disease and Pulsating Exophthalmia ; their Diagnosis and Treatment. Prof. E. Williams, M. D., of Cincinnati. Are Progressive Myopia and Posterior Staphyloma due to Hereditary Predisposition, or can they be induced by Defects of Refraction, acting through the Influence of the Ciliary Muscle? E. G. Loring, M. D., of New York.

SECTION VII. OTOLOGY.—Importance of Treatment of Aural Diseases in their Early Stages, Especially when Arising from the Exanthemata. Albert H Buck. M. D., of New York. What is the Best Mode of Uniform Measurement of Hearing? Clarence J. Blake, M. D., of Boston. In What Percentage of Cases do Artificial Drum-membranes Prove of Practical Advantage? H. N. Spencer, M. D., of St. Louis.

SECTION VIII. SANITARY SCIENCE.—Disposal and Utilization of Sewage and Refuse. John H. Rauch, M. D., of Chicago. Hospital Construction and Ventilation. Professor Stephen Smith, M. D., of New York. The General Subject of Quarantine, with Particular Reference to Cholera and Yellow Fever. J. M. Woodworth, M. D., Supervising Surgeon-General U. S. Marine Hospital Service. The Present Condition of the Evidence Concerning "Disease-germs." Thomas E. Satterthwaite, M. D., of New York.

SECTION IX. MENTAL DISEASES.—The Microscopical Study of the Brain. Walter H. Kempster, M. D., of Oshkosh, Wisconsin.

Responsibility of the Insane for Criminal Acts. Isaac Ray, M. D., of Philadelphia. Simulation of Insanity by the Insane. C. H. Hughes, M. D., of St. Louis. The Best Provision for the Chronic Insane. C. H. Nichols, M. D., of Washington, D. C.

Gentlemen intending to make communications upon scientific subjects, or to participate in any of the debates, will please notify the Commission before the first of August, in order that places may be assigned them on the programme.

In order to facilitate debate, there will be published, on or about June 1st, the outlines of the opening remarks by the several reporters. Copies may be obtained on application to the Corresponding Secretaries.

The volume of Transactions will be published as soon as practicable after the adjournment of the Congress.

The public dinner of the Congress will be given on Thursday, September 7th, at 6.30 P. M.

The registration-book will be open daily from Thursday, Aug. 31, *from* 12 *to* 3 *P. M., in the Hall of the College of Physicians, N. E. corner Thirteenth and Locust Streets. Credentials must in every case be presented.*

The registration fee (which will not be required from foreign members) has been fixed at Ten Dollars, and will entitle the member to a copy of the Transactions of the Congress.

Gentlemen attending the Congress can have their correspondence directed to the care of the College of Physicians of Philadelphia, N. E. corner of Locust and Thirteenth streets, Philadelphia, Pennsylvania.

There is every reason to believe that there will be ample hotel accomodations, at reasonable rates, for all strangers visiting Philadelphia in 1876. Further information may be obtained by addressing Corresponding Secretaries.

All communications must be addressed to the appropriate Secretaries at Philadelphia.

S. D. Gross, M. D.,
President.

William B. Atkinson, M. D., 1400 Pine street, *Recording Secretary.* Daniel G. Brinton, M. D., 115 South Seventh street, William Goodell, M. D., Twentieth and Hamilton streets, *American Corresponding Secretaries.* Richard J. Dunglison, M. D. 814 North 16th street. R. M. Bertolet, M. D., 113 South Broad street, *Foreign Corresponding Secretaries.*

Philadelphia, March, 1876.

Personal.

—Professor John Morgan, F. R. C. S. I., Professor of Anatomy in the Royal College of Surgeons, Ireland, died suddenly, of enteric fever, March 4th. He was born in 1829.

—Dr. James Warburton Begbie, of Edinburgh, died of cardiac disease, February 25th, aged 50 years. He was a frequent contributor to the Edinburgh *Medical Journal*, and was an able writer.

QUERIES AND REPLIES.

Sigmund's Gland.

Dr. S. K. and others.—The gland which is called "Sigmund's gland," and spoken of as being considered a pathognomonic evidence of syphilis (constitutional), is the epitrochlear gland, first pointed out by Sigmund as being sometimes enlarged in this affection, and not known to be so from any other constitutional disease. It is found just above and internal to the internal condyle of the humerus, and cannot be felt when not enlarged. It hugs closely the ulnar nerve. See Founier, *American Journal of Syphilography* for 1873, pp. 149-156.

OBITUARY.

DR. WILSON C. SWANN

Died in this city, March 14th, seventy years of age. He was born in Alexandria, Virginia. At an early age he entered the University of Virginia, and after leaving that institution pursued the study of medicine at the University of Pennsylvania. After graduating, he returned to Virginia, and settled on an island in the Potomac river, whence he subsequently removed to a farm, near his father's estate, on the mainland.

In 1847 he visited Philadelphia, and married Miss Maria Bell. They resided for some time in Virginia, but subsequently returned to Philadelphia, where Dr. Swann connected himself with a number of benevolent associations. He was the first President of the Society for the Prevention of Cruelty to Animals; originated, and from its organization has been President of the Philadelphia Fountain Society; was a member of the Board of Managers of the Episcopal Hospital, of the Society for the Advancement of Christianity, and other kindred associations. He was also a member of St. Stephen's Protestant Episcopal Church.

DR. JOHN S. PARRY.

At a meeting of the Medical Board of the Philadelphia Hospital, held March 16th, 1876, the following resolutions were unanimously adopted:—

Resolved, That we, the Medical Board of the Philadelphia Hospital, have received the news of the death of our late colleague, Dr. John S. Parry, with profound sorrow. We desire to express our sense of his abilities as a physician, and his integrity as a man. We have found him faithful in the performance of duty, both in the wards of the hospital and as Secretary of our Board. As fellow-workers, more especially, have we noted his directness of purpose, his thirst for knowledge, his indomitable industry. The professional life of Dr. Parry has been so closely identified with the Philadelphia Hospital, that we feel that his triumphs have been, in one sense, our own; we have a just pride in the wide-spread reputation he enjoyed, based, as it was, upon researches conducted in that institution. These labors will be his enduring epitaph. Although cut off in the flower of manhood, his name will remain to us an incentive to keep the high trust placed in our hands inviolate, and to use it to noble ends.

Resolved, That a copy of this resolution be sent to the family of Dr. Parry, and that it be printed in the medical journals of the city.

MARRIAGES.

Edwards—McCoy.—March 16th, 1876, at the residence of the bride's father, in Wheeling, W. Va., by Rev. Jas. Armstrong, Miss Hortense, only daughter of Dr. Hailey McCoy, and Dr. Tom. O. Edwards, late of Cincinnati, but now a resident of this city.

THE

MEDICAL AND SURGICAL REPORTER.

No. 997.] PHILADELPHIA, APRIL 8, 1876. [Vol. XXXIV.—No. 15.

Original Department.

Lecture.

TREATMENT OF ULCERS.

BY GEORGE L. BEARDSLEY, A. M., M. D.

LECTURE II.

Two sentiments are discovered unfavorable to the adoption of a *system* in the management of ulcers. The first is a prejudice, as shallow as it is contagious, which is satisfied, in view of the inveterate hostility of most ulcers to reforms, to relegate all to the order of "nuisances" or opprobia, which is pleased to regard any acquaintance with *old sores* as derogatory to the pretensions of refined surgery. This notion has always chilled and retarded a wholesome study of the subject. Not until surgeons are awakened to the necessity of lending special inquiry into this class of afflictions, will the matter be made less barren of interest, or the fruits of the various methods urged less bitter with disappointment. The other obstacle is the formidable array of remedies and therapeutics on the subject. If the researches in this direction could be charged with no other weakness than that of being exhaustive, there would be no temptation to criticise. A review, however, shows that the recipes have been as opposite in kind as numerous. No one theory seems to have obtained general acceptation. Each writer has built up a method on guesses. If chance let a treatment outlive a trial, it was pushed into an early grave because it was too slow or tedious in its operation. This was succeeded by another and another invention, whose fault was, it was too irritative or too mild. Is it strange, then, with such a confusion of remedies, surgeons have grown disgusted, tired of continual experiments, and have fallen on some salve or wash whose healing essence was no more than a mortgage on time? This empirical kind of therapeutics ought to be corrected. The blunder has been that every ulcer, almost, has been explained, taught, and handled as a local infirmity entirely; whereas, in the majority of cases, the system at large first becomes depreciated, and then follows a loss of plasticity in a particular locality, for special reasons. The law is, that ulcers are related to dyscrasiæ, and are to be awarded treatment accordingly. Measures for the reparation of local damages must be associated with others that aim to neutralize blood-poisons, to carry off ill-assimilated materials, to return tone to relaxed fibre, to reclaim deranged processes of nutrition. Among many the danger of healing this or that ulcer has been ardently argued. A sore was looked upon as an outlet for some ferment, which, if allowed to be pent up, would elsewhere demonstrate its virulence to the death of the part, a derivative to obviate some of the accidents of plethora. Granting the contingency of such disasters, the sensible way is to address proper remedies to the system, and thus escape the penalty that the mere repression of a discharge foreshadowed. I am loth to be understood as proscribing topical treatment. Rather have I learned to rightly value it, and I am confident in reporting the results of methods I have employed. I shall allow an importance to the various lotions and ointments that will tickle even the most biased reader.

Treatment of Inflamed Ulcers.

The study of this class has convinced me that the blood is charged with an acid, and the habit has come on me of referring inflamed ulcers to a podagral taint. My tactics, then, are at once directed to an oxidation of that element. A non-nitrogenous diet is ordered, in conjunction with the salts of soda and ammonia, in the way of aperients or baths. The phosphate of ammonia, in a decoction of aloes, is a favorite combination with me, as an eliminative of the urates. Inflamed ulcers yield remarkably to this kind of medication. Colchicum is, also, indicated. Just now the drift seems against the curative or antidotal properties of this drug, in favor of its sedative impression. Its therapeutics are not eulogized nor explained by me; but my observations of its workings argue that, when fairly and faithfully pushed, it will, somehow, break the habit, not only of gouty sores, but also the progress of those suspiciously related to such a diathesis, and fast help to their correction. Besides dosing our patients, much, indirectly, can be done to assist the constitution in throwing off the humor. The diet must be regular, and chiefly vegetable. Drains on the energies of the system are to be checked; strict cleanliness, with daily ablutions, must be accepted by the patient as a necessity. Whatever violates the purity of the blood, as spirituous liquors, brackish water, highly-seasoned or stale food, must be prohibited; fresh air and sunlight must have access to the room, or be imbibed in daily strolls. If the inflammation is not angry, cold-water poultices answer well to relieve the hyperæmia. Douches, however, seem to shock the vessels, and reduce the temperature more speedily. They are decidedly agreeable, and easily managed. As soon as the limb is cooled, the ulcer should be capped with oiled lint, and the edges approximated by adhesive strips. If the excitement runs high, plasters are to be discarded and fomentations prescribed. Every half-hour the limb must be bathed in hot water, or the ulcer must be poulticed. This dressing is to be light, and renewed two or three times a day. Too much cannot be said on the great necessity of changing the coverings of ulcers, particularly the inflamed. All hot applications have their virtues early surrendered. No poultice ought to remain longer than five hours. Its composition is, also, of no mean consideration. The bread cataplasm is usually too heavy or soggy, and loses its warmth rapidly. Bran is worse. Pledgets of sponge, soaked in a hot infusion of conium leaves, and laid under oiled silk, sometimes sweat the fired tissue sufficiently. The linseed or slippery-elm poultice does, perhaps, as good service as any contrivance. The meal should be mixed with equal measures of hot water and glycerine. The latter ingredient keeps the poultice constantly soft and sweet, and unquestionably encourages a healthy suppuration. Hot infusions of opium, garget, or henbane, are also useful. Carded wool saturated with these washes, to which the liq. plumb. sub-acetat. has been added, should envelop the limb. This is the most soothing dressing we can invent for any inflamed spot. It invariably acts as an anæsthetic, quieting the pricking and dry sensation, and deadening the throbbing pain. Evaporating lotions are favored by some authorities. They are easily prepared and simple in composition. I question whether the cold thus manufactured can last long enough to lower the heat considerably. Ice-water is the most refrigerative application. All these mixtures, however, are contra-indicated so long as there are evidences of pus, as the vitality of any part, when suppurating, is always imperiled if its thermal differences alternate suddenly. The antiphlogistic energy of all these applications may often be increased by prefacing their use with local depletion. Leeches may be applied, or punctures made with a scarifier, to abstract the blood. The hyperæmia will generally yield to some of these processes; but if the base throngs with spongy papillæ, these must be repressed, and to this end caustics must be tried. The escharotic impression must be mild, as our aim is, not to eat into the roots of the granulations, but to clip them or restrain their growth, and inject a new and healthy vigor into them.

Treatment of Fistulous Ulcers.

If the sinus is complete, and in the ischio-rectal fasciæ, excision is the law. The dread of pain, or the inconvenience of a wound that must lie open for a week or so, to heal properly, has prevailed with many to plead for milder measures of interference. Two such have been proposed, the ligature and stimulant injections. The latter is a blind experiment, and leans for success too much on luck. Solutions of iodine and silver are thrown into the fistulæ for some time, in the belief that the pseudo-mucous

lining can thus be destroyed. The injections must be followed up vigorously. The pain is considerable, and of a smarting character; the operation can only be ruled by a surgeon or experienced assistant. Some exception may be taken to the impropriety of this method when the fistulæ are external. Still, patients who elect this treatment, early and cheerfully abandon it for the knife.

The ligature purports to do just what we expect of the bistoury, with less hemorrhage, for more delicate patients, without anæsthetics, but does not declare for so rapid a recovery, so thorough an obliteration of the walls, and drives the subject through a series of tortures, as the cord is at intervals tightened. It is, also, to be remembered that this mode of strangulation may start a flow of pus, or an exhaustive drain of sloughing products that may in the end tally greater against the vigor of the person than the fancied shock of an incised wound. A ligature known as the "elastic" is praised by Dittel. Moliere and Allingham have not been slow in endorsing it. They argue for it that it does not incapacitate the party for work, and that the tension can be incised so artfully that the fistula will break down without pain. It has not been my fortune to try this rubber cord, and I have so mean a faith in the theory of its operation as to contract with myself never to use it. It strikes me this experiment promises a success only when the internal aperture is above the internal sphincter.

The simple noose has been allowed five trials by me. Two of the cases had been imperfectly cut by another surgeon. These five martyrs suffered the annoyance for a week, on the average, then cursed the string, and ordered me, in a few earnest idioms, to lay bare or rip up the sinuses. Setons are open to the same objection, that, instead of stimulating a new process of repair, they, generally, make the canals shed flakes of dead lymph. If inserted, they should be fresh every third day, and of oakum. In anal sinuses they are quite popular, and occasionally irritate the walls favorably. The "galvanic cautery" is too expensive and formidable an apparatus for general patronage. A piece of iron wire heated white-hot is just as good. So far, we have conceived and treated of fistulæ as in the territory of the anus. *Pressure* may be employed, in addition to the measures enumerated, quite advantageously, when fistulæ dissect exposed surfaces on the trunk. Compresses may be strapped on the roof of such sinuses so firmly as to coax an agglutination of the sides. Vesico-urethral and recto-vaginal fistulæ are not counted in this class, as they are lacerations of septa, and come in the province of wounds and their appropriate treatment. Ingenious as are the devices for the cure of fistulæ, they can never supplant a judicious sweep of the bistoury. Why sinuses are so often stubborn in healing, when cut, is, not because the section of the muscles is too severe, or because the loss of blood compromises the life of the fibres, but through surgical blunders: (*a*) the knife is not pushed deep or high enough to extinguish the full extent of the track; (*b*) the contraction of the muscles perseveres from imperfect division; (*c*) *the cavity has not been packed properly.* In these errors lies the secret of the failure. The sinuses may have been thoroughly exposed, the surgeon considers his service done, neglects the dressing, or intrusts it to an ignorant or careless nurse. To his surprise, the wound shuts up prematurely, with the canal not obliterated, and the granulations have not revived fast enough to consolidate the cavity. In operating on these ulcers, I have learned to be satisfied to carry the knife *to* the internal aperture, *then stop*, and cut out. This division concluded, I scratch the floor of the fistula with the point of the bistoury, in parallel lines, to make sure havoc of the membrane. The bleeding arrested, I stuff the wound to the edge with lint soaked in a solution of cup. sulph. (gr. ij to aq. ℥j), and adapt a pad to the parts. The wad is to be drawn on the fourth day, and the wound syringed with diluted port wine. At every succeeding examination the lint should be interposed with less pressure; but the *packing must not be discontinued until the granulations have filled the track.* The union of the cut edges may then be allowed. When the fistula is multilocular, or has several avenues winding from it into the suburbs, nothing short of a generous dissection and exposé of every abscess and canal will satisfy. The question has been a good deal mooted whether fistulæ in tuberculous subjects should be closed. I am no convert to the tenet that such a sore is a counter-irritant. Experience asserts of fistulous patients that they are invariably tried and debilitated by the drain. It is to me an adulteration of good sense to countenance such a leak, when our best thera-

peutics insist on every measure for husbanding the strength of phthisical subjects. If counter-irritation is necessary, we can start it in more convenient and agreeable quarters than the buttock, and define it. To let such an issue stand, to ward off or postpone the liquefaction of tubercle, is as plausible and logical as to forbear checking a chronic diarrhœa or hemorrhage for fear of some revulsion or kick elsewhere. The constitutional treatment of fistulæ is almost *nil*. The bowels are, of course, to be kept regular and free in their action. Constipation is a common complaint, and is to be corrected by farinaceous food and fruit, as the pulp of prunes or figs, and gentle laxatives. If clysters are preferred, to increase the alvine urgency, warm water is sufficiently persuasive. A course of tonics is indicated if the system is much relaxed, and pain is at once to be blunted by local or hypodermic medication with the salts of morphia. Some years since, a preparation known as "Ward's paste," a confection of black pepper, enjoyed quite a reputation as a specific for rectal ulcers. Its stimulating properties were awarded a magic energy to arouse a healthy inflammation. Time has stripped this panacea, as it has the other boons of our wiseacres in disease, of all its charms, and excision is now accepted as alone orthodox. If more scrupulous care is given to keep the walls of cut sinuses from uniting until the granulations consolidate them, fistulæ will not bother us in contracting, and crusades against the cold knife will be stilled.

Communications.

A CASE OF UNUNITED FRACTURE OF THE HUMERUS TREATED BY OPERATION.

BY J. A. DIBRELL, JR., M. D.,
Of Little Rock, Arkansas.

After a careful examination of the books and journals to which I have access, and finding but few reported cases of resection for the relief of ununited fractures, and judging also, from the fact that I have in the past two years received letters from surgeons in other States making inquiries in reference to this operation, I conclude that it has not been very frequently resorted to, and that the report of the following case will not be uninteresting to some of your many readers.

Resections may, I think, be yet regarded as in the advance ground of conservative surgery, and the report of cases, successful or unsuccessful, is important, in order to determine the justifiability of the operation, in lieu of measures less radical.

The history of the case, as given me by Dr. Thomas Smith, of this city, under whose care the patient first came, and who subsequently kindly referred it to me for treatment, is about as follows:—

Thomas Dickson, a negro, aged about 40. While working at a sawmill in this place, on the 1st day of December, 1874, an emery stone in rapid revolution burst. A fragment weighing eight pounds was projected the distance of forty feet, striking the patient on the posterior aspect of the right arm. The tissues were very much lacerated, the humerus broken, and somewhat comminuted at a point three or three and a half inches above the elbow-joint.

Dr. Smith saw the patient shortly after the accident, and appropriately dressed the injured arm. Under his treatment, the wound healed kindly, but, notwithstanding every effort was made to accomplish that object, the humerus failed to unite.

The patient denied positively ever having had syphilis, nor was any history or indications present of a scrofulous taint. I first saw the patient in the summer of 1875. His general health at that time appeared good. His arm he was compelled to carry constantly in a sling. On examining it, an ununited fracture was readily detected. Ligamentous union had evidently taken place. Some anchylosis had taken place at the elbow-joint, probably of the false or spurious variety, as no considerable inflammation is represented as having occurred about the joint at the time of the injury. It must, then, be due solely to the long retention in a fixed position. The forearm could not be flexed more than an angle of 45° nor extended beyond 100°. The upper end of the lower fragment, where the limb was allowed to hang unsupported by the side, was displaced forward, causing some deformity. This, however, was more apparent than real, as considerable redundancy of bony tissue existed at that point. The muscles of both the upper and lower arm were somewhat atrophied. The patient had but little or no control over them. He could not, in any degree, elevate the arm; the fingers only could be slightly flexed. I

determined to resort to no surgical interference, for the weather was very warm, and malarial fevers were prevailing to an unusual extent. I therefore deemed it best to give the patient all the advantages of cooler weather and a healthier season.

On the 26th of October, 1875, with concurrence and assistance of Drs. Thomas Smith, and A. H. Scott, of this city, and Assistant Surgeon R. S. Vickery, U. S. A., I proceeded to operate in the following manner: The patient having been previously chloroformed, and the elastic bandage applied, an incision six inches long, through the old cicatrix, down to the bone, was made, and the false joint exposed and opened. Ligamentous union was found to have taken place. The ends of the bone were also in part covered with cartilage. This was carefully cut away with a strong knife, and all bony angularities removed with pliers. The fractured ends were thus made smooth and to coäptate perfectly. Embedded in the muscular tissue adjacent to the fracture, and evidently undergoing absorption, two small pieces of bone were found and removed. The medullary canal was obliterated, being filled with cancellated bone tissue.

With a common straight-sewing awl, a hole was without difficulty drilled in both ends, obliquely down and out at the centre of the cancellated structure, beginning half an inch from the edge of the fracture. The holes, consequently, only passed through each of the broken ends, from behind, forward. Through these holes a silver wire was passed, and twisted six times to the right, and both ends of the same brought out at the wound, and fastened down with adhesive plaster. The wound was closed with ordinary silk sutures and adhesive strips. A piece of adhesive plaster two and a half inches wide was next carried from the axilla, over the elbow, to a corresponding point the opposite side of the arm, in order to prevent any strain upon the wire.

As a temporary dressing, a roller bandage was applied to the entire limb; straight splints on the outer and inner sides of the arm; anteriorly, an angular splint of stout binder's board, from the shoulder to the ends of the fingers. A lotion, composed of liq. plumb. sub. acet., tr. opii and water, was ordered to be freely applied to the wound. This dressing was taken off on the morning of the fourth day, and plaster bandage to the entire limb substituted. Before the plaster had set, a window, corresponding to the extent and position of the wound, was cut through it, in order to give free egress to discharges. On the day following that of the operation, only a slight elevation of the normal temperature was perceptible, with an increase of the pulse a few beats per minute; but beyond this no further constitutional disturbance occurred during the progress of the case. This, too, quickly subsided, for the temperature and the pulse, after the third day, remained normal.

The wound, from this time forward, was dressed with carbolic cerate. Small doses of tr. ferri chloridi, quin. sulph., were administered three times daily, in conjunction with good wine, for twelve or fourteen days, beginning ten days after the operation. Phosphate of lime was also taken during the same period.

December 13th. Removed the plaster bandage in order to examine the progress of the case. Wound nearly healed; union appears to be taking place. Put on a starch bandage, under the last turns of which light wooden splints were placed on front and sides of the arm; posteriorly, pasteboard with hole cut at seat of wire. The starch bandage was substituted for the plaster because it was more easily removed. It was equally secure, as the discharge from the wound was now trifling.

December 30th. Again removed and reapplied bandage. Wound ready to heal but for the presence of the wire; union becoming firmer.

January 6th, 1876. Union appears to be quite firm. Removed the wire with "twister," turning the instrument six times to the *left*.

This simple procedure of giving the wire a definite number of twists in a given direction, as recommended by Dr. John H. Packard (*American Journal of Medical Science*, July, 1875), is of much practical importance in the management of a case of this character. The wire serves the double purpose of keeping the fragments in apposition, and in stimulating the deposit of plastic lymph. After these objects have been attained, the wire becomes a source of useless irritation, in causing an unnecessary amount of new bone to be developed, and in effectually preventing the complete closure of the wound. By carefully noting the direction, and the number of times the wire is twisted, it will be an easy matter at any time to untwist and remove it.

January 26th. The patient presents himself to-day. All dressings removed; wound entirely

healed; union appears very firm. Prescribed a stimulating liniment, and directed him to keep up passive motion, with a view of restoring the function of the long-useless member.

February 26th. The patient is slowly but progressively regaining the use of his arm; will, doubtless, in a few months be able to gain his livelihood.

TREATMENT OF FRACTURES BY THE BRAN-BOX.

BY DR. A. BATES, M. D.,
Of Viroqua, Iowa.

Allow me to call the attention of your readers to a mode of treatment for fractures, and other severe injuries of the leg and ankle, which I have successfully used, both in simple and compound fractures.

The plan was suggested to me by the bran-box of Dr. J. R. Barton, as I had seen it in use in the Pennsylvania Hospital thirty years ago. It was used then in cases of suppurating compound fractures, to afford a comfortable bed for the limb, to absorb the discharges, and also, by covering the wound, to keep away flies.

The idea occurred to me that, by packing the bran firmly around the whole limb, any case of fracture could be treated, without any other dressing.

But I found, on trying it, that the bran was too elastic, and could not be made to secure the parts against motion. I, therefore, tried unsifted corn meal, which I found to answer in every respect. Since all are not familiar with Barton's bran-box, I will describe my own method:—

A piece of inch board, long enough to reach from the upper part of the thigh to a little beyond the foot, about seven inches wide at the upper end, and five inches at the lower end, will serve as the bottom of the box. A foot-board of the same thickness is nailed to the lower end, and two side-pieces of thinner material, and at least seven inches wide, are firmly nailed to the bottom and foot-boards, and the box is complete.

In applying it, a folded cloth should be laid in the upper end, and the bottom covered with meal an inch deep. Then, the surgeon holding the limb by the knee and ankle, an assistant places the box beneath, and the limb is let down into it, so as to rest lightly on the meal, and held firmly while meal is poured in and compacted under and around it with the hands, assisted by a blunt wooden spatula, until the parts are immovable, soft cloths being placed between the thigh and the upper part of the box. Care must be taken that the meal is well compacted around the knee and ankle; indeed, the whole limb must be equally secured.

To prevent disturbance from involuntary movements of the patient, a small pad may be placed on the knee and secured by a bandage passed around the outside of the box. It will be found that a considerable amount of the surface may be left uncovered, and remedies may be applied to the injured parts if it is deemed necessary.

I have thought best to take the limb out of the box and wash it thoroughly, at least once a week, but perhaps all that is really necessary is to remove that part of the meal in contact with the skin, as often as it becomes saturated with perspiration, and this can be done, a part at a time, without moving the limb.

Some of the advantages claimed for the above method are:

1. The limb can be examined at any time, without handling it.

2. The parts are immovable, and entirely at rest.

3. The circulation is not interfered with, since the pressure is not great, and is entirely even.

4. The dressing is more comfortable to the patient than any other that requires confinement to bed.

5. The material is cheap, and can be obtained almost anywhere.

6. The treatment is simple, and can be well applied by almost any one.

Various modifications might be suggested to meet particular cases, but these will suggest themselves to the surgeon when occasion calls for them.

HOSPITAL REPORTS.

NEW YORK WOMAN'S HOSPITAL.

Reported for the MEDICAL AND SURGICAL REPORTER.

Uterine Polypus.

A patient, aged forty-nine, entered Dr. Emmet's service, saying that she had been under treatment for falling of the womb. There had been no bloody discharge from the vagina for eighteen months, and when she was placed on the examining-table a mass the size of an

almond was found to be attached to the posterior lip of the cervix. There was no distress occasioned by the growth.

Treatment.—The patient was anæsthetized, and then the uterus drawn down by means of a tenaculum and a slip-noose placed around the pedicle, and the growth cut off with the scissors. The after-treatment consisted in making an application of Churchill's tincture of iodine every few days. After ten days the patient was completely recovered.

Fungoid Granulations of the Mucous Membrane of the Uterus.

A patient, aged forty-six, single, entered the hospital with the following history:—Began menstruating at fifteen, and had been regular till three months before admission. At that time failed to notice any vaginal flow for six weeks, but when menstruation began it continued, without ceasing, for three weeks.

After admission to hospital the cervix uteri was dilated by means of sponge tents sufficiently large to introduce the index-finger. It was then found that several mucous polypi could be discovered. They were removed by Dr. Emmet, and Churchill's tincture of iodine applied to the cavity of the uterus.

For six months after this treatment the patient was regular, but at the end of that time menorrhagia returned. The cervix uteri was again dilated, and one drachm of granulations removed. Shortly after this operation the patient, contrary to orders, got out of bed. Symptoms of pelvic cellulitis soon after developed, but were readily subdued by vaginal injections of hot water. Convalescence was soon established, and the patient discharged from the hospital.

Intra-Uterine Fibroid.

A patient, aged thirty-four, entered hospital with the following history:—She was married when twenty-five years of age, and since that time has had four children and three abortions. Four years ago had a polypus expelled by the contractile efforts of the uterus. For the past three years has had dysmenorrhœa throughout the flow. Latterly this has increased, and for the past four months menstruation has continued sixteen days.

Physical Examination.—When the finger was introduced a tumor was detected, filling the cavity of the cervix and protruding into the vagina. On more thorough examination, the pedicle was found attached to the posterior surface of the uterus. On introduction of Sims' speculum the surface of the mass was found to be irregular and shining, showing it to be a fibrous tumor.

Operation.—The patient was anæsthetized and placed on her back. A noose with slip-knot was then placed around the pedicle by Dr. Emmet, and traction made. The pedicle was found to be attached to the fundus posteriorly. After traction was made for a few moments, the pedicle was cut and the growth removed. The after-treatment consisted in uterine injections of hot water, followed by the injection of two drachms of Churchill's tincture of iodine. After this application all hemorrhage ceased. A pledget of cotton soaked in glycerine was placed against the cervix, and the vagina slightly tamponed. Two days after, the dressing was removed and the uterus syringed out with hot water. No fever followed the operation, and in two weeks afterward the patient was discharged cured.

Editorial Department.

Periscope.

The Antiseptic Treatment in Incision of Hydrocele.

Professor Volkmann, of Halle, observes, in the *Berlin Klin. Woch.*, that there is scarcely any other operative procedure that is so likely to convince an observer of the efficiency of the antiseptic treatment as that of incision for hydrocele. Those whose former experience had taught them how frequently severe reaction followed this operation, and how seldom recovery occurred without tedious suppuration and the occurrence of various interruptions, now find that the healing process takes place with the greatest simplicity and remarkable rapidity. Healing by the first intention occurs over the greater part of the surface of the wound, and without a trace of local reaction, the patient being able to leave his bed and walk about in five or six days, his discharge from the hospital taking place during the second week. Prof. Volkmann has employed this procedure in seventeen cases with undeviating good results, so that he is able to recommend its adoption. Both during and after the operation all the rules of the antiseptic method must be rigorously enforced. The vicinity of the genitals is to be most carefully and repeatedly cleansed with a solution of carbolic acid, and the hair of the pubes and around the anus is to be shaved off. After the incision has been carried from the ring to the base of the scrotum, the cavity of the tunica vaginalis is to be repeatedly washed out with a 3 per cent. carbolic acid solution, and the edges of the wound brought closely together during the continu-

ance of the spray by means of fifteen, twenty, or even more sutures, made of the finest silk, used double. Bleeding vessels, even of small calibre, should first be secured by the catgut ligature. The object in view with the antiseptic dressing is to bring the distended tunica vaginalis as closely in contact with the testis as possible, and the doing this is much aided by exciting contraction of the dartos by the repeated application of cold carbolic acid solution. When the sac is very large and relaxed, or when there is great fibrous induration or sclerosis, it may become exceptionally necessary to excise a portion of the tunica vaginalis. This method must not be carried too far, and great trust must be placed in the method. The total adhesion of the sac, even when it lies in folds, is easily brought about. In those cases in which the surface of the tunica vaginalis becomes greatly diminished by the contraction of the scrotum, no drainage-tube is required; but in others, in which there is found a long funnel-shaped reduplication of the tunica, a drainage-tube should be introduced perpendicularly to the surface of the testis. Lister's dressing is most carefully applied so as to secure the hermetic closure of the wound. In his first cases, Prof. Volkmann did not venture to apply sufficiently firm pressure, and there was a secretion produced, which necessitated the early reapplication of the bandages. In his later cases these have been kept on for two, three, or four days, and sometimes even longer still. Even after the second or third dressing the obliteration and adhesion may be so complete that the Lister dressing need not be continued, and a suspensory containing several layers of salicyliated wadding may be substituted.

Prof. Volkmann furnishes abstracts of the chief particulars of his seventeen cases, and states that in not one of them did he meet with any local reaction whatever. There was neither phlegmon of the scrotum, nor deposits of pus, nor even acute œdema or swelling of any kind of the scrotum.

Inhalation in Whooping Cough.

Dr. S. Lee writes to the *British Medical Journal* on the inhalation of carbolic acid in whooping cough:—

The inhalation of the acid may be conducted in two ways: either by long-continued inhalations of a weak solution, or by strong inhalations three or four times a day. For this purpose, I have used the steam-draught inhaler, by means of which, owing to the free admixture of fresh air with the vapor to be respired, the inhalations can be prolonged for several hours; and, there being no effort of inspiration, one of the main difficulties in obtaining the desired result in young children is overcome. In cases complicated with obstruction of the bronchial tubes with mucous secretion, a stimulating inhalation will sometimes excite spasmodic contraction and expulsion of the offending material. I have used the carbolic acid inhalations in the mild and severe forms of the disease, and in both with considerable relief. In three cases that have come under my notice in adults, in one of which the malady had continued in spite of all treatment for eight months, attended with hæmoptysis and severe and frequent attacks of coughing, the relief obtained by inhalation of the acid was very marked.

The Blue Line in Lead-poisoning.

In order to distinguish the gingival line caused by lead from other discolorations on the gums which may resemble it, M. Cras (*Arch. de Méd. Nav.*, XXIII) excises the edge of the gum, and examines it under the microscope. He finds that the lead-line does not result from a tattooing of the gums by some metallic particles having penetrated into the epithelial cells, or more deeply. It is due to transformation of a soluble salt of lead into a sulphide precipitated in the capillaries by the retarded circulation in the gums, owing to the vicinity of the putrid detritus surrounding the neck of the teeth. It is, then, an injection of the capillaries by the sulphide of lead. M. Cras supposes that analogous vascular obliterations in the intestines are, perhaps, the cause of saturnine colic.

The Lancashire Fasting Girl.

The case of extraordinary fasting given in the REPORTER a week since, induces us to quote the following allied case from the *British Medical Journal*:—

Dr. Sephton writes:—I was first called to see Ellen Sudworth, a girl aged eleven years, who resided with her parents, about a mile from my house, on January 4th, 1870, and I had her under treatment for febricula and debility until March of the same year. After her recovery from this attack, she never seemed to entirely regain her usual spirits. When at school she was observed to mope, and in the family circle she never played or ran about as other children do. She continued in this state for some time; and early in June, 1871, I was again called in to attend her, and I then found her very low and weak, complaining of pain in the head of a throbbing character, which she likened to "the dropping of water on a stone." This headache and prostration continued for about six weeks, when she gradually lost her voice and expressed her feelings by signs; from this time she never spoke until about ten weeks ago, when she suddenly exclaimed that something had burst in her head, and she felt afterward able to speak. For two months prior to this recovery of speech she did not open her eyes, and her parents state that blood frequently flowed from between her eyelids and from her mouth, but this I never saw, although I have examined her eyes and mouth frequently, and always found the mucous membrane pale, and the conjunctiva free from congestion. During the whole of this period, since July, 1871, she

has not partaken of any solid food, but has been supported with soups and milk-puddings; therefore, this case ought not to be called one of fasting. During the past five years she has been confined to her bed, except occasionally being carried to her couch. I have always considered this extraordinary case to be one of hysteria, only requiring moral treatment and discipline to effect a cure; and I am led to this conclusion by the absence of any disease to account for her peculiar symptoms. When I saw her in June, 1871, there was no increase of temperature, either of the head or body; the pupils active, the tongue moist and clean, the stomach and bowels healthy, all the excretions normal; the pulse regular, full, slow, but weak. The catamenia commenced about two years ago, and have been (with one or two exceptions) perfectly regular and healthy. The respiration has generally been free, full and regular, although, at times, it appeared almost to cease, and was then performed very slowly. The girl now, although very pale, is not half so emaciated as would be expected, after being in bed for so long a period. The only point of interest in this case is the persistency with which she has kept up this state, there not being any inducement for her to do so, as her condition was unknown to any except those in the immediate neighborhood.

The Turpentine Treatment of Enteric Fever.

Dr. A. Moffitt writes to the *Lancet*:—The regiment of which I have medical charge arrived in India on the 18th of March, 1875, and between that time and the end of the year seventeen persons were attacked with enteric fever. Of this number five were treated in the ordinary way, and in them the disease ran a long and severe course, many complications arising during its progress, and finally proved fatal in two out of the five cases, which is about the usual mortality in this country. The remaining twelve patients were treated with turpentine, and in them the disease ran a short and mild course, with few complications; and all the symptoms, but especially the enteric, were so modified that no fears were entertained during its progress of an unfavorable termination, and the twelve patients, without an exception, made good recoveries.

The line of treatment pursued was as follows:—As soon as the disease was diagnosed, oil of turpentine in half-drachm doses, made up with mucilage of eggs, was given four times a day, and continued throughout its course; and nourishment in the liquid state, such as beef-tea, milk, chicken-broth, eggs beaten up, etc., was given freely, and a stimulant, generally brandy, was given as the symptoms indicated, but less in the cases that occurred latterly than formerly. The turpentine treatment of enteric fever was first brought to my notice by Dr. Moffitt, of Sydney, where the disease is always prevalent. As to its *modus operandi* I would not yet hazard an opinion. Dr. Moffitt claims for it a specific action. Whatever its mode of action, if it prove as successful in the hands of others as it has done in mine and in Dr. Moffitt's practice, I have every hope it will take a place in the treatment of enteric fever similar to that taken by ipecacuanha in the treatment of dysentery, and quinine in the treatment of malarial fever. When the disease assumes a remittent character, which it will do where the patients have been subject to malarial influences, Dr. Moffitt combines it with quinine, and thinks it acts better.

Prolapse of the Umbilical Cord Treated by the Postural Method.

Mr. William Berry, M. R. C. S., England; L. R. C. P. and S., Edinburgh, gives the following cases in the *Lancet*:—

Case 1.—I was summoned to attend Mrs. A., aged about thirty-two years (in her third labor), at 11 P. M. on the 21st of May, 1875. She was attended by a midwife, and had been in labor all the afternoon and evening. On my arrival I was informed that she had pains often and pretty severe, but "all was not right." On examination I found a coil of the umbilical cord projecting about six inches outside the vulva, the umbilical vessels pulsating vigorously, and, on further examination, found the os uteri almost fully dilated, and the head presenting in the right cranial position. On inquiry I was told that the cord had been down for two hours, having descended with the escape of the liquor amnii. I returned the cord, and replaced it as well as I could during the interval of a pain, and protected it when the pains came on; but the head made no progress, although uterine action appeared frequent and strong; the cord descended, and it was with difficulty that I was able to keep it within the vagina. I now had her placed on her elbows and knees in bed, and again replaced the cord; the pains continued pretty regular and strong, but the head made no progress toward descending. After waiting for about an hour, and as there was pulsation in the cord still, I thought I might possibly save the child by delivering her, and as it appeared that it was no use waiting, I determined to apply the forceps. I therefore had her placed in the usual obstetric position, and, with some difficulty, applied the forceps (as the head was high up, and the cord in the way). I protected the cord as well as I could with my fingers, and delivered her in a very short time of a fine male child, which was, however, still-born. I tried with frictions and artificial respiration to resuscitate it, but without avail. The placenta was easily removed. She made a rapid recovery, and was soon able to follow her household duties.

Case 2.—I was summoned by a midwife to attend Mrs. B. (multipara), at 6.30 A. M. on the 17th of June, 1875. She informed me that the patient had been in labor all the day previous, and also through the night, but she made no progress. On examination I found the

os uteri almost fully dilated, soft and yielding, the membranes entire, and through which I could feel the head presenting, but near the posterior lip of the os I could feel something which gave a pulpy impression to the finger. I ruptured the membranes, and found with the escape of the liquor amnii, that the cord was presenting with the head, and that this was the cause of the pulpy impression. I now tried to replace the cord, but with each pain it descended. I next had the patient, as in the former case, placed on her elbows and knees in bed. During the interval of a pain I replaced the cord, and held it when the pains came on. These were, however, feeble, so that a drachm of liquid extract of ergot was administered, and repeated in half an hour. The pains now increased in frequency and strength, and the head entered the cavity of the pelvis in the fourth cranial position. As the head descended and filled up the cavity of the pelvis, I held up the cord, and protected it with my fingers; eventually, as the head approached the outlet, I hooked the cord over the occiput, and then allowed the patient to resume the usual position on the left side, when, with a few more pains, the head was expelled, the face toward the symphysis pubis; the body followed afterward, and she was delivered about 7.45 A. M. of a fine female child, in a state of asphyxiation, but with artificial respiration, frictions, cold and warm douches, it readily recovered. The placenta was easily removed, and I found that the cord was of unusual length, measuring at least thirty-six inches. It was inserted into the edge of the placenta, giving it a battledore appearance. Mother and child did well.

The Opium Treatment of Delirium Tremens.

In the *British Medical Journal*, Surgeon Edward Nicholson writes:—

At the outset of my military life I adopted, for the cases of delirium tremens so common among soldiers, the morphine treatment recommended by Prof. Roser, of Marburg. He pointed out that patients are lost by timidity in not prescribing opium in sufficiently large doses, under fear of poisoning; he advised energetic doses of morphine, commencing with one or two grains, and giving one grain hourly until deep narcotization occurs. I cannot say exactly how many cases I have treated on this plan, but I may say roughly about fifty, and have always found it safe, quick, and attended with the minimum of trouble. I have had but two fatal cases of alcohol-poisoning: one was alcoholic apoplexy in a man detained under suspicion of approaching delirium tremens; the other was a man who, having been successfully treated twice within a few weeks, had a third attack of delirium tremens, was brought to hospital in an insensible state, and died in a few minutes after I saw him. Neither of these cases had any narcotic treatment.

In a case of evident delirium tremens I give at once two grains of morphine; in violent cases as much as three grains: this is repeated after two hours if no effect is apparent. A third dose, making a total of eight grains within four hours, has sometimes been required. The patient generally falls to sleep after the second dose, and awakes cured. Sometimes a further small dose (one grain) may be required, but the patient is reasonable, and all trouble at an end.

After quoting some cases in point, he adds:—

These cases show that the danger is precisely in these ordinary doses of opium, and that the beneficial effects are obtained by giving at once such a dose as would endanger the life of a healthy person, and repeating it rapidly until sleep is produced. I may recall Orfila's opinion that "opium employed in strong doses ought not to be ranked among the narcotics or the stimulants; it exercises a peculiar mode of action which cannot be designated by any of the terms at this moment employed in the materia medica." Of course this is meant as applying to the diseased, not to the healthy, state. An analogous difference of action is to be seen in the case of ipecacuanha when given in high doses as a remedy for dysentery, or even better in the use of the tincture of digitalis in half-ounce doses against delirium tremens. The digitalis treatment has one advantage—that the remedy is nearly invariably used in the full doses recommended at the time of its discovery: hence its general success. While the morphine treatment, which is, when properly conducted, the safer of the two, is apt to be discredited, in consequence of the substitution for it, by the timid, of the dangerous system of trifling with small or ordinary doses. The digitalis treatment is far more likely to be carried out, and there is little fear of ten or twenty drops being substituted for the proper half-ounce dose. It is to this very plain treatment that I might, perhaps, ascribe the diminished fatality of delirium tremens in the army.

On the Treatment of Pleuritic Effusion by Operation.

In the last volume of the Charity Hospital (Berlin) Reports, Dr. Ewald contributes a valuable paper on this subject, founded on the results of all the cases treated in the Berlin University Klinik during the last fifteen years. The following are the conclusions at which he arrives:—1. Serous effusions should never be evacuated before the third week, unless there be imminent danger to life (*nur bei indicatio vitalis*). If during the first three weeks no absorption occur, then tapping in the third or fourth week gives the best results. 2. If the tapping be so performed that no entrance of air is allowed, and if the instruments are previously disinfected, serous effusion never becomes purulent. 3. In every case it should be previously determined, by puncture with a grooved needle (*durch probepunction*), whether the effusion is serous or purulent. 4. In cases of purulent effusion the fluid should be evacu-

ated as soon as possible by incision, not by puncture. 5. Cases of purulent effusion evacuated by incision in the present condition of treatment prove fatal in from fifty to sixty per cent. of those affected. 6. Bloody effusion (*i. e.*, cases where the effusion is from first to last bloody—not where it is at first serous, and becomes bloody toward the end of the operation by rupture of vessels in the pleura *ex vacuo*) invariably indicates malignant disease of the pleura. 7. Serous effusion, however, does not exclude the presence of tuberculosis or cancer of the pleura.

Cases of Leukæmia.

At the Clinical Society of London, recently, Dr. Moxon read a paper on two cases of leukæmia. The first case was that of a man, a cook, aged 45, who, in December, 1874, fell ill with pain in the right hypochondrium; this was succeeded, in about a month, by jaundice, which remained until his death, in November 1875; the stools, however, always containing bile until the last two weeks. In May, it was noticed that his blood showed an excess of white corpuscles, about 150 in the quarter inch microscopic field. Phosphorus in $\frac{1}{60}$-grain doses, as ol. phosp. in mucilage, etc., was taken from May until September, thrice daily. Meantime there was no change in the proportion of white corpuscles. The liver had grown larger, and a double tumor appeared on its lower edge. During the summer and early autumn, the man did half-work at his calling, until November 3d, when he presented himself, severely ill, collapsed, and was admitted again into Guy's, where a peritoneal fremitus developed itself over the liver. He suffered from pain and vomiting, and the jaundice deepened; bile left his motions. He gradually sank then, and died November 16th. Before his death, Mr. Golding Bird examined the blood on the warm stage, and found that the white corpuscles, in great excess as they were, nevertheless all showed amœboid movements, like normal white corpuscles. At the inspection, Dr. Goodhart found a cancerous tumor about the bile-duct, at and around its entrance into the duodenum, which obstructed it. The gall-bladder and bile-ducts were immensely distended, and there was a suppurating cyst just outside the gall-bladder, exactly like the cysts found under similar circumstances outside the urinary bladder. A semi-recent hemorrhage was found to have occurred into the biliary passages, so that a cylinder of blood-clot stopped up the lower end of the dilated bile-duct. The spleen weighed only nineteen ounces. There were hemorrhagic spots in it, and it showed the usual simply hypertrophic characters of leukæmic spleen. The lymphatic glands were not at all enlarged. Dr. Goodhart found the marrow of the ribs to be loaded with white-blood cell-like corpuscles.

The second case was that of a cheesemonger, aged 38, a pale short man, of boyish appearance, who, in July 1875, began to complain of weakness, which was increased by a shock in a collision of vehicles, in which, however, he did not suffer any bodily injury. His complaint was of languor, loss of appetite, and pains in the loins and testes, "drawing up" the latter. In early September, the blood was found to be loaded with great excess of white corpuscles; and then phosphorus, in $\frac{1}{60}$-grain doses, in mucilage, etc. (as ol. phosp.). was given thrice daily for a month. During this time the patient grew worse, and at the end of it showed alarming symptoms. The white corpuscles were now estimated at one to every two of the red; vision was dim, and bleeding occurred from the gums, nose, and kidneys. The spleen was just palpable below the ribs; a loud anæmic murmur was heard over the base of the heart. On October 25th he had an attack of apoplexy, of which he died. On inspection the heart was found healthy; the blood leukæmic. The spleen weighed twelve ounces, and was simply hypertrophied. There was an apoplectic clot of about two ounces weight under the convolutions of the right vertex. Microscopic examination of the tissues showed an excess of white corpuscles in the lymphatic spaces, but the lymphatic glands were not all enlarged.

Rheumatic Cardialgia.

The following interesting case, of a woman of 23 years, is given by Dr. J. W. Martin, in the *Medical Press and Circular*:—

Previous to her twenty-first year she had always enjoyed good health. About that time she first felt a pain in the region of the heart, for which she was unable to assign any special cause. This pain was always worst during the menstrual periods. In the autumn of 1873 she had a slight but decided attack of rheumatism, or at least pain and swelling, in several of her joints. The left arm was most affected. For some days before coming under my notice she felt the pain about the heart getting much worse, extending over the whole of the sternal region, and under the left mamma. This increase of pain was accompanied by tenderness to pressure. Any form of exertion, such as stooping, lifting weights, and especially running up stairs, induced very severe dyspnœa and palpitation. She felt greatly inconvenienced after meals, owing to their giving rise to a sense of oppression about the heart. She slept well, lying best on her right side. Area of heart dullness much enlarged; it extended four and a half inches in the vertical direction, from the upper border of the fourth rib, left side, and from the right border of the sternum, at the articulation of the fifth rib, over toward the left side, to a point two inches external to the nipple line of the left breast. Heart's action excited, accompanied by *frémissement;* rhythm normal; impulse weakened and diffused. Normal sounds of the heart very indistinct at the apex, better

at the base. First sound distant, prolonged, and roughened; second sound short, sharp, and accentuated. A well-marked friction murmur heard over the whole surface of the heart, slightly preceding and accompanying the impulse. This murmur was double at the apex. From its superficial character and general diffusion I believed it to be caused by pericardiac friction. I was unable to detect any symptoms of endocardial affection. Pulse 100, weak and compressible. Both lungs healthy. Tongue clean; appetite good; bowels regular; quite regular as to her monthly health. Urine free from albumen or sugar. As treatment, I applied a blister over the heart, and ordered:

R.	Potass. iodidi,	ʒj
	Tr. digitalis,	ʒijss
	Sp. amm. aromat.,	ʒij
	Syrupi,	ʒj
	Aquæ ad.,	ʒviij. M.

Two tablespoonfuls to be taken three times a day.

December 13. Blister gave immediate relief. The mixture was taken steadily since her first visit. Patient much improved. Pain almost gone. Heart's action stronger and steadier. Area of dullness diminished by one-third. The character of the friction murmur unchanged. Able to run up and down stairs with ease, the exertion not being followed by dyspnœa or palpitation. Free from all sense of lassitude, from which she suffered continually when she first came under my care. Treatment continued.

19. General health and spirits excellent. Free from all pain and distress about the heart. Area of dullness remains somewhat greater than normal, measuring two and a half inches in diameter. Heart's action and impulse exaggerated. Friction murmur unchanged. Treatment continued.

April 13. No change in the state of the heart. General health all that could be desired. Treatment stopped.

26. A slight return of pain felt in the region of the heart, otherwise feeling very strong and well. Patient thought she had caught fresh cold. Resumed treatment.

The woman having left her situation, and not again coming under my observation, I have no further notes of her case.

The Diagnosis of Empyema.

The *Medical Times and Gazette* states that a new method of distinguishing between different kinds of pleuritic effusions has lately been brought forward by Professor Guido Baccelli, of Rome, and promises to be a real addition to our diagnostic aids. We have hitherto been able to say whether there was fluid in the pleura or not, but the question of its serous or purulent nature has had to be answered by reference to a number of collateral circumstances, none of which by itself was conclusive, and which, as Professor Baccelli points out, may even fail collectively. We have decided that there was an empyema present when an effusion has remained long unabsorbed, while at the same time the fever kept up, and the patient gradually lost flesh and strength, and perhaps suffered from œdema of the extremities. By the new method, which is quite simple, we are at once able to determine whether the exudation is serous or purulent. It is founded on a physical law—namely, that the vibrations of sound in liquids are transmitted *inversely* to their density. In a serous fluid, therefore, the sound passes more readily than in a purulent; and it is found that, whereas the whispered voice can be heard clearly, accompanied with bronchial expiration, at the base of a *serous* effusion, the spoken voice is not transmitted nor bronchial breathing heard over a purulent exudation. To use the method accurately, two conditions must be complied with: (1.) The ear of the auscultator which is not applied to the chest must be withdrawn from all external sounds by closure with the finger, and the ear must be firmly pressed naked against the chest, unassisted by a stethoscope. (2.) The patient must be placed in such a position that when he speaks the bundle of oral vibrations shall issue in a direction diametrically opposite to the ear of the listener. This condition is attained, supposing that the right lung is being auscultated behind, "by turning the patient's head so much to the left that, by drawing an imaginary line from his mouth to the point in the thorax where the ear is applied (on the posterior paraxillary line), it passes diagonally downward through the centre of the effusion." Besides distinguishing between a simple serous effusion and a purulent effusion, this method enables the existence of a mixed effusion to be detected—*i. e.*, of a serous exudation, in which flakes of fibrine and a moderate amount of leucocytes are contained—since the latter, by their subsidence to the lower part of the thorax, prevent the passage of the whispered voice over the area which they occupy.

Removal of Foreign Bodies from the Ear.

Mr. W. Rivington says, in the *British Medical Journal*:—

From the time of my first connection with the Aural Department at the London Hospital, I have used no other means of extraction of foreign bodies than the syringe, aided occasionally by chloroform, the dependent position of the organ, and the use of a small pair of curved forceps as soon as the substances appeared near the external end of the meatus; and I have never failed in procuring their ejection. Various kinds of foreign bodies, including peas, beans, pebbles, glass-beads, and pins, etc., have been removed in this way, and on several occasions after previous efforts by the same method or other methods had been unrewarded by success. It is the custom, I know, to make use of special forms of extractors, and instrument-makers vend a rude imple-

ment with a bent steel eye, which finds its way into cases of instruments fitted up for the receiving-rooms at hospitals. From the incautious use of such a weapon, I have seen irreparable damage done to the membrana tympani, combined with displacement of the malleus and incus, and I cannot but think that it should be banished from the surgical armamentarium.

To sum up, the procedure in cases of foreign body in the ear should be as follows:—

1. Examine the ear carefully by direct light and with a speculum and mirror, to determine the presence, position, size, nature, and peculiarities of the substance.

2. If the patient be a child, and refractory or timid, place him on a couch, give ether or chloroform, and use the syringe, turning the affected ear downward. This manœuvre may be aided, as Mr. Field suggests, by drawing the auricle upward and backward, and applying the nozzle of the syringe to the upper wall of the passage.

3. If the foreign substance do not fall out, as it usually does, after a little patience, but stops near the orifice of the meatus, a fine pair of forceps may be used to withdraw it.

4. A needle or a pin, or other elongated body which does not fill the passage, may be readily taken out with forceps through the speculum, or by the aid of a direct light.

The Skin and Bodily Temperature.

The following conclusions are given by Dr. Winternitz on the importance of the cutaneous function with regard to the heat of the body. His paper is given in Stricher's *Jahrbücher*.

1. The increase and diminution of loss of heat from the skin can be stated approximately in figures.

2. Experiments show that the giving off of heat may vary more than 60° downward, and more than 92° upward.

3. Such a variation in loss of heat can compensate variations in the production of heat three times the normal amount.

4. The discoverable variations in the loss of heat suffice to explain the constancy of temperature, so far as it exists under the usual cooling and warming influences.

5. The diminution in the loss of heat, consequently its retention, after previous loss, even if the production remain constant, is sufficient to replace in a short time the loss of temperature.

6. A diminution in the loss of heat alone can in many cases explain a febrile rise of temperature.

7. The possible increased loss of heat of more than 92° explains the frequently observed rapid disappearance of fever.

8. There is, consequently, no doubt that one of the most important factors in the regulation of temperature is to be found in the function of the skin.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Veratrum as an Antidote to Opium. By J. S. Todd, M. D., Atlanta. Journals are just now teeming with experimental demonstrations on the antagonism between opium and belladonna, veratrum, stramonium, etc. This essay is another assertion of the persuasive power of veratrum over opium. Dr. Todd was led to employ veratrum in this kind of poisoning from its analogy to belladonna. The five trials certainly justify some confidence in the veratrum, though they fail to impress us with its antidotal potency. It is not fair to compliment any agent as a specific until its contact with its opposite is measured directly and independently of other influences.

——"Aphonia, its Cause and Treatment. By William Porter, M. D., St. Louis. This admirable monograph groups the three conditions of aphonia as (1) insufficiency of air in the larynx, (2) structural changes in the cords, (3) destruction or paralysis of the laryngeal muscles. The treatment advocated comprises the latest novelties. Inhalation, electricity and cauterization are the principal measures for relief. The essay is the ablest discussion on aphonia we have ever reviewed. The literary execution is unusually chaste, and suggests a most thorough acquaintance of the author with the disease.

——"Transactions of the Minnesota State Medical Society, 1875." The annual Essay, by Dr. Stinchfield, treats of the influences of the emotions on nutrition and the other processes of life, and is very entertaining. A successful case of ovariotomy is reported, and an account of a vesico-vaginal fistula, on which five operations failed a cure. Reports of Committees on Necrology and Nervous Diseases, complete the Transactions.

——"Curability of Inflammation." By Dr. Dugas. It is very difficult to feel the force of the argument, or to imagine why such a question is raised. The author uses the word "curable," as really meaning, we suppose, *cut short*. Tinct. iodine is eulogized as the "born enemy" of local inflammation.

BOOK NOTICES.

Insanity in its Medico-Legal Relations. By A. C. Cowperthwait, A. M., M. D. Philadelphia, 1876.

Every alienist now-a-days fancies his mission is to wait upon our legislators, and dissent from their dicta of mental responsibility for crime. The author conceives a calling in this line, and wrestles with Dame Justice for a sob for that class whose freaks are the children of diseased reason. This specialist has not discovered precisely what is the degree of brain-lesion that dethrones moral obligation. This, of course, cannot be answered, as medical science has never yet probed the relation. Dr. C. ought not to be surprised, then, that law declines to measure accurately the accountability of those assumed insane. Our courts sadly err when they compromise with their doubts by punishing the crazy as they deal with other delinquents. Restraint, for this class, is the severest penalty, and satisfies the protection of society. The writer does not buy largely of *asylum stock*, but believes rather in "open air treatment" and "association with healthy minds." Our retreats, it seems to us, consult the liberty and social comfort of their patients as much as these infirmaries recommended. Dr. C. is of the opinion confirmed lunatics need no medicine. The aim of the writer is, to furnish to the average practitioner some criteria by which he may judge of the mental soundness of his patient and be enabled to defend his position in court. Some "rules for experts" are arranged as bits of advice. The pathology of Maudsley is the basis of the author's conceptions of the workings of the disease, and the several phases of insanity are classified after Hammond's division of the elementary forces of the mind. This arrangement is explained and amplified for the benefit of the untutored in diseased metaphysics. The chapter on diagnosis contains no new nor unfamiliar laws. The profession will find the work a convenient resumé of the recent literature on this subject, and a commendable exposé of the axioms that dictate the law's disposal of the insane.

Climate in its Sanitary Relations to Medicine. By A. S. Baldwin, M. D., President of the Florida Medical Association. 1876.

This annual address is a bid for the invalid. The special exemption from atmospheric commotions which this clime enjoys is the "opening lead." A northern physician is next flayed, because the "shakes" bothered him so, while touring in Florida, that he resolved on scaring others from a peep at the place. Our author talks to his brethren about the imperfect drainage, but we presume his anxiety for northern patients next winter will push him to measures for correcting so unwholesome disturbances as swamps by that season. Evidently our southern friend thinks that pure air is only served up in Florida, and the same of water. The productions of the soil are so varied as to please or respond to the palatal caprices of all. The author detects nothing unfavorable about his State but a few habits that are unfashionable. Our "patent medicine" vender and his wares levy too much on the purses of his neighbors.

The error of the pamphlet is the unmitigated conceit of the writer about the advantages of his home. Let us whisper to him that Minnesota has a climate that is dry and equable, and that answers all the conditions of relief for the consumptive. There, in addition, the invalid can tarry year in and out, which is impossible in semi-tropic sections. This address smacks too much of a speculator, or an advertising medium for a hotel.

Treatment of the Scrofulides. By Henry P. Gifford, A. M., M. D. Macmillan & Co., 1876.

This paper respects the management of the varieties of lupus. The classification of the disease by Hardy is adopted, and five lines of this scrofulous ulceration described. Internal medication is made subordinate to topical measures. Escharotics are advised for all these varieties, and a few, as glacial acetic acid, needles of fused nitrate of silver, specially preferred. The author is an able master of his speciality, and his contributions are eminently scientific. The typographical outfit is very attractive.

Territory of Wyoming: Its History, Soil, Climate, etc.

This report, published by authority of the Board of Immigration, is a statement of the resources of the Territory, and its inducements to the West-inclined adventurer. Like every new-fledged offspring, Wyoming's valleys are the most charming and promising. Female suffrage is here a fact, and those on East whose struggles with Uncle Sam for "rights" have well nigh sapped their ardor, can find in this far Canaan sweet franchise and—warm lovers.

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THE INTERNATIONAL MEDICAL CONGRESS, 1876.

Last week we published the programme of the International Medical Congress, which is to be held in Philadelphia in September next, from the fourth to the ninth of the month. In our position as one of the American Corresponding Secretaries of the Commission, we have received a number of inquiries as to the aim of the Congress, the replies to which will, we trust, have such general interest to the profession that we may give them in general terms in this place.

To some, the appropriate objects of an International Congress are not apparent. To set them forth, we may recur to the origin of these assemblies. The first was held in Paris in 1867, in the summer of the Exposition. Its purposes were stated to be, first, the consideration of questions in which, necessarily, the medical men of several nations must come to an agreement, as those relating to quarantine, to the organization of ambulance service, the opposition to epidemics, the adoption of common standards of weights and measures, of a uniform method of writing prescriptions, of a universal pharmacopœia, and such like; secondly, the increase of information on questions of local extent, but which arise in every community, and to the solution of which repeated and extended observations are requisite: for example, the utilization of sewage, the medical control of prostitution, the prevention of syphilis, the position of the insane before the law, the methods of hospital construction, the effect of civilization on various morbid processes, and similar ones; thirdly, to stimulate the general advance of science, and soften the asperities of controversy by opening a wide arena for the discussion of facts under the harmonizing influence of social and personal intercourse.

The inception of the plan at Paris was so satisfactory, that the Congress has met at Florence, Vienna, and Brussels. The sessions passed off pleasantly, and the *Proceedings* prove that a great deal of solid work was done at and in view of the meetings. The volume published after the last-mentioned meeting makes a portly octavo of six hundred or seven hundred pages. The practical results have been visible in several most important victories for modern medicine. If we have been correctly informed, the advance of the cholera has been checked in two seasons by the provisions recommended at these Congresses, and carried out by the medical authorities of the governments of Eastern Europe. The long and intricate discussions regarding quarantine have led to the general recognition of the uselessness of many of the distressing features which it has presented in the Mediterranean ports until very recent days. Personal association between leaders of opposing schools has begotten feelings of respect and tolerance where heretofore unseemly bitterness has marked the war of ideas.

These are real and admirable fruits, which

cannot be cultivated too assiduously. They will abound in the future more than in the past, if we give them our attention.

In the Congress which will meet in this city next autumn, similar aims are proposed. Eminent members of the profession in all its branches have already agreed to be present. Many not yet heard from are confidently expected. While of the distinguished scientists in our home ranks, few, we predict, will willingly absent themselves.

The Congress will have daily general meetings, probably, in the new spacious buildings of the University of Pennsylvania, in West Philadelphia, not far from the Centennial Grounds. It will be subdivided into sections, in each of which topics of discussion will be opened by appointed speakers, whose time will be limited to about half an hour. They will be requested to sum up at the close of their paper the views embodied in it, in the form of separate conclusions or propositions, which will then be discussed by the members of the section, voted upon, and afterward reported to the Congress. Volunteer papers, in addition to those mentioned in the programme, will be allowed space in the appropriate sections; but, to secure their appearance, their titles and a brief statement of their purport should be sent in to the Committee of Arrangements before the lose of May.

There are many advantages in having the session of the International Congress fixed at a different date from that of the State or American Medical Association, both of which also meet here this summer. The International is a wholly different organization, differently composed, and of other scope, and its distinctive characters should be presented by themselves. No doubt all these societies will be well attended, and many would prefer to divide the labor of preparing for them into several months. Then, also, the members of the profession resident in Philadelphia will be furnished ample opportunities to display their hospitality.

Notes and Comments.

Female Medical Education.

This is a matter growing yearly in importance in Europe and this country. The aspirants are still met by vigorous opposition. Witness these words in the last number of the *Lancet*:—"If those women who are seeking, at an extravagant cost of time and money, to enter the medical profession, were content to work in the only department of medical practice which is properly open to them—namely, as midwives and nurses—no objections could fairly be raised, provided they always practiced under the supervision of qualified medical practitioners. But this is a very different affair from what the female medical students in London are striving after. Their ambition is to be placed upon the Medical Register, and then please themselves what branches of medical practice they shall engage in. But this is exactly the matter in dispute between them and those who differ from them."

If the *Lancet* is right in its opinion that midwifery is the only department of medical practice suitable to women, it will be the only one they will ultimately possess themselves of; but give them the chance to assure themselves of it!

The Prevention of Scarlatina.

In the *Practitioner*, Dr. William Squire, after detailing the features of scarlet fever, proceeds:

An important practical deduction from these facts, which, if acted upon, would soon reduce the spread of scarlet fever to a minimum, and relieve our healthy sea-side towns from one of their greatest risks, is, do not seek change of air too soon for scarlet fever convalescents: they are better in their rooms for the first three weeks; they are not only safer in their homes for the next three weeks after that, but they gain strength just as fast, often faster, than if they had been sent off for change of air, to the danger of the conveyances used; to the danger of the lodgings they go to; and to the danger of all with whom they come in contact. This is of special importance in the management of schools. Much may be done by domestic management in keeping convalescents not only from school, but from play, theatres, parties, and fêtes, until reasonable fear of infection is over. School managers have a duty to protect their schools; they should have power, so as to

be able to exclude from school those known to be likely to bring infection with them. It need not be difficult to obtain a written statement of the illness a child is absent for; then let it be incumbent on the manager not to receive that child for six weeks, at least, from an attack of scarlet fever.

Chilblains.

The editor of the Canada *Medical Record* says:—When chilblains manifest themselves, the best remedy, not only for preventing them ulcerating, but overcoming the tingling, itching pain, and stimulating the circulation of the part to healthy action, is the liniment of belladonna (two drachms), the liniment of aconite (one drachm), carbolic acid (ten drops), collodion flexile (one ounce), painted with a camel's-hair pencil over their surface. When the chilblains vesicate, ulcerate, or slough, it is better to omit the aconite, and apply the other components of the liniment without it. The collodion flexile forms a coating or protecting film, which excludes the air, whilst the sedative liniments allay the irritation, generally of no trivial nature. For chapped hands, we advise the free use of glycerine and good olive oil, in the proportion of two parts of the former to four of the latter; after this has been well rubbed into the hands and allowed to remain for a little time, and the hands subsequently washed with Castile soap and tepid water, we recommend the belladonna and collodion flexile to be painted, and the protective film allowed to permanently remain.

The Effect of Cold on Milk.

The *Lancet* says that the effects of a low temperature on milk have been carefully examined by M. Eug. Tisseraud, who recently communicated his observations to the Académie des Sciences. He found that, if cows' milk is immediately, or soon after being drawn, placed in vessels at various temperatures between freezing-point and 90° Fahr., and the initial temperature is maintained for twenty-four or thirty-six hours, it will be found that the nearer the temperature of the milk is to freezing-point the more rapid is the collection of cream, the more considerable is the quantity of cream, the amount of butter is greater, and the skimmed milk, the butter, and the cheese are of better quality. These facts, he believes, may be explained by Pasteur's observations on ferments and their effect on the media in which they live. It is probable that the refrigeration arrests the evolution of the living organisms which set up fermentation, and hinders the changes which are due to their growth.

The value of the old-fashioned "spring-house" is thus explained.

Cremation in Europe.

Our European exchanges state that in the cemetery at Milan there is a special erection for burning bodies. In Germany the cremationists have decided to hold an annual meeting at Gotha, where an official sanction by the Government has been given to this system for the disposition of the dead. In Paris a new society has recently been announced, named "The General Association for the Study and Practice of Cremation." The presidency of it has been offered to Victor Hugo.

Meanwhile, the Hygiene Commission of Paris, in its report on cremation, states that, while the practice would offer many advantages, a great, if not insuperable, objection to it would be found in the impossibility, in the event of its adoption, of detecting certain crimes, thus rendering a necropsy imperative in all cases of death.

Native Alcohol.

It is a remarkable fact, that, according to Dr. Gutziet, ethyl alcohol is present in the unchanged sap of the fruit of certain umbellifers, the cow parsnip (*Heracleum giganteum*) and the common parsnip (*Pastinaca sativa*) being good examples. It is, however, possible that the combinations detected may have been present as ethers and been decomposed by distillation.

To Check Epistaxis.

Dr. J. Gardner writes to the *British Medical Journal*:—

"Last year, an old gentleman under my care, between seventy and eighty years of age, who had periodical attacks of bleeding from the nostrils, which had generally been stopped by plugging, was becoming exhausted from the loss of blood; and, the usual application not succeeding, I mixed equal parts of the tincture of sesquichloride of iron and water, about two drachms of each, and injected it up the nostrils with a glass syringe. This immediately stopped the bleeding. The bleeding, however, should

not, I think, be checked too soon, as in most instances it is a provision of nature to relieve the vessels of the head. I have found, also, syringing with a glass syringe of great benefit in throat affections, where there is difficulty in using a gargle, especially in children."

Cosmoline.

This preparation is one of the distillations from petroleum. It is semi-solid, with an unctuous feel, and might readily be mistaken for one of the thinner animal oils. It has the important property of never turning rancid under any conditions of heat or moisture. It is, in fact, strongly antiseptic, and hence is admirably adapted to many skin diseases, preventing pruritus, protecting from the air, and opposing morbid action. For burns, scalds, bites of insects, erythema solare, and similar affections, it is an admirable application. We make a rule to keep a bottle of it constantly at hand.

Correspondence.

Antiseptic Surgery Briefly Reviewed.

Ed. Med. and Surg. Reporter:—

In 1863, Dr. Watson, of Edinburgh, Scotland, proved, by a series of experiments, that carbolic acid is an antiseptic. He was probably the first to use oiled silk as an antiseptic covering. In the same year, Mr. Turner, of Manchester, England, described his use of the drug in cases of putrid discharges from the mouth, throat, nostrils, ears, rectum and vagina. In 1865 Mr. Lister, then in Glasgow, commenced a series of experiments in cases of compound fracture, thoroughly washing out the wounds with a strong solution of the acid, and afterward covering them with a small quantity of lint saturated with "carbolic oil." Next to this he applied a piece of "oiled paper," "tin-foil," or "sheet-lead," much larger than the wound, as a "protective." The latter he considered the best, because it adapts itself more readily to the surrounding parts. It retains the vapor of the acid, it excludes the atmosphere, and at the same time it allows the fluids to escape. By these means, and others which we propose to mention, he claimed that compound fractures could be converted into simple ones, that in many cases a scab would form, and that the healing process would go on without redness, swelling or pain.

Mr. Lister, as he has frequently stated, was led to this method of treatment by the experiments of Pasteur and others, who proved that "spores of minute vegetations, or infusoria," abound in the atmosphere, especially "in cities, and under shade-trees." In the *Lancet* of November 30th, 1867, he states: "Admitting, then, the germ theory, and proceeding in accordance with it, we must, when dealing with any case, destroy, in the first instance, once for all, any septic organisms which may exist within the part concerned; and after this has been done, our efforts must be directed to the prevention of the entrance of others into it." This is just what is done on a large scale by the American people in the canning of fruits and vegetables. We destroy the "ferments" by the use of heat, and exclude the atmosphere which contains them.

The preparations used by Mr. Lister, said Professor Syme in 1869, "may be denominated carbolic oil, carbolic lotion, and carbolic paste. The composition of the first is carbolic acid and linseed or other fixed oil, in the proportion of one to five; that of the second, carbolic acid and water, in the proportion of one to thirty; and that of the third, carbolic oil and whiting, in the proportion requisite for the consistence of soft putty." The strength of these several preparations may, of course, vary; and prepared chalk may be substituted instead of the whiting. The latter is the "Listersche paste" so much used in Vienna in the treatment of indolent ulcers.

In cases of extensive laceration, Mr. Lister, instead of the "sheet-lead," applied, as a permanent dressing, a "rag," or piece of cheap calico, steeped in the oil, and next to this a layer of the paste, rolled out between two pieces of the same material, large enough to surround the entire limb. Of this outer covering he says: "I cannot too strongly urge upon you the importance of having the plaster extend freely beyond the wound at every part, so that the discharge may have to travel a considerable distance beneath the *impermeable antiseptic layer* before reaching the source of mischief externally."

About this time, Mr. Lund, of Manchester, England, brought into notice a substitute for the "lac plaster" of Prof. Lister, which he called "antiseptic cere-cloth." In the *British Medical Journal* of September 4th, 1869, he says: "It possesses this double property, that, when placed over a wound, ulcer, or the opening of an abscess, it not only serves to exclude the air as an impervious dressing to the part, but it constantly emits from its surface the vapor of carbolic acid, as it is disengaged by the heat of the body, and so forms an antiseptic atmosphere around the wound."

Mr. Lister also experimented with this kind of covering, using in some cases a finer and in other cases a coarser material; but he has always used the "protective" or first covering, upon which he mainly depends for the exclusion of the spores in the atmosphere. It was this style of dressing, including the "antiseptic vail," "antiseptic rollers," gutta-percha cloth, and adhesive straps, that he was using in 1870, when I had the pleasure of visiting his wards. Afterward he experimented with oakum, and more recently with what he has termed "antisep-

tic gauze," which is nothing else than the cheapest calico treated with resin, paraffine, and carbolic acid. Of this latter covering he states, in the *Lancet* of March 13th, 1875: "Under ordinary circumstances, we still use the gauze, in eight layers, with a sheet of some trustworthy impermeable tissue placed beneath the outermost layer, to prevent the discharge from soaking directly through the dressing." This *trustworthy impermeable tissue*, which Dr. Levis, in a late communication on this subject, does not say anything about, is known in the shops as "hot lining or mackintosh." It not only retains the vapor of the carbolic acid, but it prevents the entrance of septic germs from without, and, possibly, also the gases of the atmosphere.

With all due respect to Dr. Levis and his ideas of "carbolic spray," we would state that we are not unwilling to believe, with Prof. Lister, that the spray is a germ-destroying agent, and that it does, in some measure, prevent the contact of the atmosphere, just as water or oil poured upon any surface excludes the air.

If this brief review of antiseptic surgery should not atone for the "confusion" produced in the minds of some of the readers of the REPORTER by a former communication, it may, perhaps, induce some of those who have charge of our hospitals to give to the profession their methods of using antiseptics. Until this is done, we propose to follow Professor Lister.

Carlisle, Pa. R. L. SIBBET, M. D.

The Use of the Word "Nature."

ED. MED. AND SURG. REPORTER:—

I have, by chance, just seen your number of November 27th, 1875, containing an editorial "On the Use of the Word Nature in Medicine." Although some time has elapsed, perhaps it may not be too late, while I am sure you will courteously give me space to offer a few remarks in reply to the strictures, made in that editorial upon a paper of mine, published in the *Canada Medical Record*, on "Nature's Power to Heal."

I have been thinking in what way, supposing your objections to the use of the word "nature" to be based on solid ground, I could have brought out the practical points contained in my essay, had I discarded the word "nature," and, I must confess, I do not see how I could have succeeded, any more than I can conceive in what way I, or any one else, could write a treatise on the science of medicine without using the term "disease." Doubtless the word "nature" occurs more frequently than is necessary; but the object of a paper ought, in fairness, to be taken into consideration when pronouncing an opinion upon it, in whole or in part. The object of the paper was to show that, by natural processes (I do not see any way of expressing my meaning without employing the word "natural"), healing will take place independently of human aid, and, to my mind, it was essential to personify these natural operations in contra-distinction to the efforts of the physician. I might have said that every tissue of the body possesses innate power to heal itself to a certain extent, or to destroy itself, according to whatever is about to come to pass, if not interfered with; but I think, with the majority of medical readers and thinkers, such an expression would be something worse than disagreeable.

However, I am fully open to conviction—always a student—and I should much like to learn what is to be the substitute for the word "nature" in medical literature, as indicating certain processes manifested to the medical man. As applied to the universe, or even to the vast domain of animated beings around us, the word "nature" may, according to Mill, have been used to express "many and discrepant meanings;" but in connection with the science of medicine, I have yet to learn that any one misapprehends the meaning of the term, or associates with it the idea of entity, any more than he regards the word "disease" as implying entity, which he has to encounter in the system and overcome with weapons.

I cannot agree with the statement that the use of the word "nature" as a metaphor, assumes an entity, and I would much like to know how one may concisely and clearly describe certain processes without employing the words "nature" and "natural." Respectfully,

WM. CANNIFF, M. D., M. R. C. S., Eng.,
Surgeon to the Toronto General Hospital.
Toronto, March 30th, 1876.

(If Dr. Canniff will peruse the essay by John Stuart Mill on the use of the words "nature" and "natural," and that by De Candolle, in his work entitled *La Science*, on the same subject, he will see expressed at length the material objections to the use of those words in the senses he employed them.—EDITOR REPORTER).

NEWS AND MISCELLANY.

Medical Society of the State of Pennsylvania.

The Twenty-second Annual Session will be held in the city of Philadelphia on Wednesday, May 31st, 1876, at 3 P. M. The appointments are:—To prepare—The Address in Surgery, Dr. D. Hayes Agnew, Philadelphia. The Address in Obstetrics, Dr. R. Davis, Wilkesbarre. The Address in Medicine, Dr. James Aitken Meigs, Philadelphia. The Address in Hygiene, Dr. Benjamin Lee, Philadelphia. The Address in Mental Disorders, Dr. John Curwen, Harrisburg. The Secretaries of County Medical Societies are earnestly requested to forward *at once* their lists of *Officers and Members*, with the *Post-office address of each member.*

WM. B. ATKINSON, M. D.,
Permanent Secretary,
1400 *Pine Street, Philadelphia.*

Hospitalities to Physicians.

The *Press*, of this city, justly says:—

"The organization of the physicians to accommodate the physicians of Europe and America is as perfect as the organizations of the press to accommodate distant editors and reporters. The various congresses that will be held during the Exhibition—scientific, literary, and religious—will all be governed by the same rules. So, if all else fails, the inner life of Philadelphia will stand acquitted, even by those who seem to have no higher mission than that of detraction and misrepresentation."

Personal.

—We are pained to see it stated that the House Committee on Invalid Pensions has come across evidence of frauds in connection with the administration of the Pension Bureau, which were perpetrated as long ago as 1869–71, when Dr. Henry Van Aernam held the position of Commissioner of Pensions. We trust the Doctor will be able to prove an absence of complicity in them.

—Dr. John H. Roberts, educated at Lincoln University, in Chester county, Pa., and a recent graduate of the Medical Department of Howard University, Washington, D. C., sailed on Tuesday last in the bark Jasper, from New York, for Monrovia, Liberia. Dr. Roberts was born in Liberia, but has spent the last five years in this country. His father, the late Dr. Henry Roberts, was educated at the Berkshire (Mass.) Medical School. His uncle, Joseph J. Roberts, recently deceased, was for twelve years President of the Republic of Liberia.

—The American profession will learn with regret the death of Professor Parkes, M. D., so long connected with the subject of hygiene. The sad event took place at Bitterue, England, March 15.

—A church in New York reduced the salary of their pastor from $2000 to $500, in the hope that he would resign. It was complained that he gave too much time to medical practice.

QUERIES AND REPLIES.

Milk Diet.

F. R. K., Illinois.—Milk diet is the very best kind of diet immediately after confinement. I have given all a patient desires, for twenty-five years, and those old women who censured you did not exhibit common sense. J. W. RISKE, M. D.

Kalamazoo, Michigan.

Ahl's Splints.

Dr. F. P., of Missouri.—We esteem these splints very highly, and recommend them unhesitatingly. You can obtain complete sets by addressing this office. Price $30.00.

Dr. C. C. S., of Alabama.—Turnbull on *Diseases of the Ear.*

Pruritus of Pregnancy.

Dr. G. L. C., of South Carolina.—The intolerable itching that accompanies pregnancy is difficult to control. Can any reader give suggestions? A French authority recommends *cigar-smoking.*

Dr. L. L. P., of Maryland.—We are not familiar with the poem you refer to. Except in very rare instances, we prefer not to publish rhythmical productions.

Dr. J. B. C., of Kansas.—Beard and Rockwell on Medical Electricity. Price $5.00.

OBITUARY.

DR. JOHN S. PARRY.

At a special meeting of the Medical Staff of the Presbyterian Hospital in Philadelphia, held March 16, 1876, the death of Dr. John S. Parry having been announced, the following resolution was unanimously passed:—

"That we have heard with profound sorrow of the death of our distinguished colleague, John S. Parry, M. D. We feel that in the death of Dr. Parry the profession at large has lost a brilliant, sagacious, erudite and reliable member, and that this Hospital has met with a great loss in the death of one who, by his scientific zeal, clearness of judgment, gentleness of manner, and high moral character, commanded the entire confidence of all his professional brethren.

"This staff also considers it eminently due Dr. Parry to advert at this time to his extraordinary attainments in scientific research, and to his exceedingly valuable additions to medical literature, and we lament that a career so signally useful in this respect has been so soon terminated.

"While recognizing the loss our profession has sustained, we desire to extend our deepest sympathy to the widow of our late colleague, in her bereavement."

MARRIAGES.

CORBIN—MARTIN.—At the residence of the bride's father, Osborne, O., at 1 P. M., March 7th, 1876, by Rev. Wm. H. Cummins, Lee Corbin, M. D., and Miss Annie A. Martin.

FAIRLAMB—BUEHLER.—In this city, on the 9th instant, by the Rev. William H. Baum, D. D., Dr. George W. Fairlamb and Miss Laura T., daughter of Mr. Martin Buehler.

MCFADDEN—DARRAH.—On the 18th, by Rev. Dr. William Cathcart, Dr. William McFadden, of Philadelphia, and Mrs. Annie E. Darrah, of Delaware.

DEATHS.

BEAL.—George W. Beal, M. D., on Monday, March 20th, at his late residence, No. 118 St. Mark's avenue, Brooklyn, in the 82d year of his age.

BEATTY.—At Abington, Pa., on the 10th instant, Charles C. Beatty, M. D., in the 83d year of his age.

LAFON.—In Newark, N. J., suddenly, on the 20th instant, Thomas Lafon, M. D., aged 74 years.

MATTHEWS.—On the morning of the 26th ult., at her residence at Beverly, N. J., after a short illness, Mary Ann Matthews, relict of the late Caleb B. Matthews, M. D., in the 70th year of her age.

PRECHT.—In New York city, on Wednesday, March 15th, 1876, after a lingering illness, Emma Marie Louise, wife of Dr. V. Precht.

STARR.—In New York city, on Monday, March 13th, Susan Hotchkiss, wife of Dr. W. W. Starr, in the 60th year of her age.

SWANN.—In this city, on the 21st instant, Dr. Wilson C. Swann, in the 70th year of his age.

THE

MEDICAL AND SURGICAL REPORTER.

No. 998.] PHILADELPHIA, APRIL 15, 1876. [Vol. XXXIV.—No. 16.

Original Department.

Communications.

GONORRHŒAL AND SYPHILITIC AFFECTIONS OF THE TESTICLES.

A Paper read before the Medical Board of the Eastern Dispensary, New York, March 8th, 1875,

BY JOSEPH MULREANY, M. D.,

Of Brooklyn, N. Y.

I have selected for the illustration of my views six cases of diseased testicles, viz., three caused by gonorrhœa and three originating from syphilitic pox. Four of these I have treated in this city, one in Brooklyn, and one in Ireland.

Case 1. Mr. M., aged about thirty-four years, married and the father of several children; was seen on the 4th of April, 1873, when he informed me that he had been confined to bed for over a week, with inflamed testicle, and that he had had a physician attending on him.

Upon examination, I found him laboring under acute clap and orchitis of the left testis, presenting the usual symptoms. I merely mention that vomiting was present. He carried on a large commercial business in this city, and employed many work-people. Independent of his suffering, he was very anxious to return to the supervision of his business. I assured him that he might calculate on being able to do so on the following day, if he persistently carried out my instructions, which were as follows:—

The enlarged and very painful testicle to be fomented every hour with hot water, and between times a bag of hot dry bran to be placed over the scrotum, and to take the following prescription:—

℞. Antim. potass. tart., gr.viij
Tinct. opii, ℥ij
Mist. camphoræ ad., ℥viij. M.

Sig.—A tablespoonful to be taken every one, two, or three hours, with a teaspoonful of epsom salts in every second dose, till the bowels acted freely.

On the following day he was free from pain, the orchitis much reduced, and, with the aid of a suspensory bandage, he visited and remained for several hours in his place of business.

The antimony, instead of increasing the irritation of the stomach, absolutely suppressed the vomiting, and, although backed up as it was by the epsom salts, failed to purge. I now ordered him to continue the mixture three times a day for two or three weeks. I gave him a strong calomel and jalap cathartic; advised the frequent use of warm fomentations; to take from three to six capsules of balsam copaiba every night; and to use, as often as possible, an injection of half a grain of the sulphate of zinc, to one ounce of water. I see this patient frequently, and not a vestige of the hernia humoralis remains.

Such has been my treatment for the past twenty years; and I have found it, in every respect, satisfactory. I do not recollect an instance in which the slightest enlargement remained. During the most acute stage, I continued to use the weak zinc injection, and inject it warm if at all convenient.

Now, a reason for this line of treatment may be asked for; I have not to go out of my way to find one. I look upon acute gonorrhœal

testitis as a congestion of the tubuli seminiferi, causing the severe pain by the forcible distention of the tunica albuginea. There is no pretence to phlegmon here, no plastic lymph, no chance of abscess. The antimony relieves this engorgement. Any one who has seen the metastasis of cynanche parotidæa (mumps) to the testes, will apprehend, but in a minor degree, what gonorrhœal orchitis amounts to.

I do not associate fibrine with either bronchitis or gout; and, with slight alteration or addition, I prescribe this mixture for both. Diminish the proportion of laudanum, and you have in this antimony mixture the very best treatment for congestive bronchitis; add but either sulphate of magnesia or colchicum, and what better formula for gout? Gout, bronchitis orchitis: the diseases are the same, but affecting different organs. The tissue involved in all is the same, viz., the vascular, or let us say glandular. The pain, when present, is not a vital phenomenon; it is the result of mechanical pressure.

The subject is an interesting one. I would not insult the intelligence of any member of this Board to suppose that he has not informed himself in its literature. Extend to me a like consideration, and believe me when I assure you that it is with an eye to your time that I thus briefly treat on the matter, and abstain from detailing, perhaps eulogizing, the names of those authors from the perusal of whose writings I have learned much. Puncture, leeching, strapping—nay, even that nefarious blister to the scrotum—I have tried, and been disappointed. One last remark on acute gonorrhœal orchitis, and I shall have dismissed that part of my paper, viz.: I have found that the congestion has no partiality to any especial portion of the gland. In the vast majority of cases the entire organ is engaged, body and epididymis as well.

Case 2. Mr. K., aged about 35 or 37 years, married, no children. Some three years past I prescribed for him two drachms of the ethereal extract or oil of the male fern (*Filices Maris*), which effectually expelled a tapeworm that had infested him for years. He now consulted me for enlargement of the right testis; upon examination, I found it to be the size of a very large lemon, and so tense that I could not tell whether it was a hydrocele or sarcocele. He had had clap often, and at one time a gleet. The enlargement of the testicle had been growing for years; he could not tell when he first noticed it. He never had acute inflammation of the testicles.

I explored it with a fine trocar, and drew off several ounces of a light-yellow serum. I was thus enabled to handle the organ and discover a large sarcocele, which of course was the matrix of the hydrocele. I inquired as to the calibre of the stream of urine, and if he experienced any difficulty in passing water. Here his replies were satisfactory enough; but, being persuaded that, apart from cancer and syphilis, a sarcocele uncomplicated with stricture of the urethra seldom or never exists, I should therefore explore that passage. I could only pass a No. 3 bougie; a stricture of the membranous portion of the urethra was present. I put him immediately under the following treatment. A suspensory bandage.

℞.	Hydrarg. biniodid.,	gr.iv	
	Potassii iodidi,	ʒij	
	Sp. ammon. aromat.,	ʒvj	
	Syrupi zingib.,	ʒj	
	Aquæ puræ, ad.	ʒiv.	M.

A teaspoonful twice a day, in water, after meals.

He called on me every two weeks, to have an instrument passed. There was no return of the hydrocele, and when I last saw him the enlargement of the testicle had quite disappeared, and I could readily pass a silver catheter (English, No. 10) into the bladder.

Case 3. J. M., aged about 46 years, married, with one child, a girl, over twenty-five years of age, consulted me for an enormous hydrocele. He had been in hospital twice for treatment, and on both occasions it had been tapped and injected, but the fluid had persistently reaccumulated. At this time I was in the country, on account of ill health, and had neither catheter nor bougie; I had a small pocket-case which contained a female catheter; I obtained a glass male syringe and some tincture of iodine; so, with a lancet, I punctured the hydrocele, drew the serum off with the female catheter, and succeeded in injecting the sac. I should have observed that this man was the subject of a large sarcocele, and also exhibited the usual vital symptoms of a contracted urethra. He had had clap. The operation proved ineffectual, and the dropsy resumed its pristine dimensions.

I now prescribed the following formula for him:—

℞. Hydrarg. bichloridi, gr.j
Acid. muriatic. diluti, ℥ij
Infusi quassiæ, ℥xij. M.

Half a wineglassful three times a day, after meals.

He called on me regularly for several months, continuing to take his mixture, when, finally, he returned with the hydrocele quite gone, and the sarcocèle diminished to a third, and daily diminishing.

Reserving for the conclusion of this paper a few general remarks, I shall now address myself to those other three cases.

Case 4. Mr. M., aged about 24 years, and married two years, no children, sent for me to visit him. Both testicles were as large as medium-sized lemons, firm or slightly doughy to the feel, and by no means painful. They could be examined at will, and had been in this enlarged condition for months. On this, as upon many subsequent visits, the patient was in an idiotic state of drunkenness. There was no gonorrhœa, but, from his childish conduct, I could not discover if he had pox. There was no bubo or inguinal pain. I thought that I should doctor him with a little tartar emetic, as much for the drunkenness as for the enlarged testicles. When I called again, after a few days, I found that his wife had made him take the antimony mixture, with the good result of having sobered him. I then discovered that he had a large chancre the size of a cent, quite as thick, and nearly as hard. It involved a small piece of the left side of the glans, about its centre, included the corona, and a puckered-up piece of the prepuce. It discharged very little, and the patient took little notice of it. Indeed, with nonchalance, he said that it had been there for over a year.

Seeing the character of my patient, I put him on the iodide of potassium and a suspensory bandage. I called; he was out. I called a second time; he was invisible, from drink. His wife made an appointment for him; I called as agreed, but the patient was out, so I gave him up. This was on the 13th of February, 1871. They removed to another part of the city, and on the 18th of July following—five months from my last visit—I was again requested to visit him. Both testicles were larger, and there was an abscess, about to burst, on the lower part of the left one. He was now, for the first time, suffering from pain, and he expressed his willingness to submit to treatment. I regret to say that I have not an exact copy of the prescription; I can only approximate it. I lanced the abscess in the left testicle, and prescribed as follows:—

℞. Pil. hydrarg., gr.xxiv
Hydrarg. submuriat., gr.xij
Pulv. opii, gr.xviij. M.

Sig.—Divide in pil. xij. One to be taken every night, and—

℞. Potassii iodidi, ℥j
Tinct. opii camph., ℥vj
Tinct. cinchonæ, ℥ij
Syrupi aurantii, ℥vj
Aquæ puræ, ad. ℥vj. M.

Sig.—A tablespoonful to be taken three times a day.

Half a drachm of strong mercurial ointment to be rubbed into the right side, over the liver, daily, and also to dress the chancre with mercurial ointment. My object was to salivate him quickly and safely; therefore, I combined the iodide of potassium treatment with the mercurial, so as to develop the therapeutic action of the latter as early as possible. On the 26th the gums were tender, on the 28th quite so. The potassium and mercury were immediately omitted. The testes were rapidly resuming their natural form and dimensions, and on August 15th he called at my office all but quite well. The next I saw of him was two years after, when he called to pay his bill. He was as fat as a mole, and as drunk as a lord.

Case 5. Mr. F., aged thirty years, married, no children, called on me one night early in the year 1872, relative to an enlargement of the testicle, the left one. It was as big as a man's fist, and could be manipulated without causing pain. From its base protruded a wisp of rotten tubuli seminiferi, the size of a dozen faded primroses. He was in fair bodily condition, doing his duty, as a horse-car conductor, regularly, without losing an hour; and, above all, taking the condition of his testicle quite easy. This was his first and only visit. He was treated afterward by deputy, his wife being the go-between, reporting progress. This she did but twice, when I lost track of him till the middle of last month (March), when he saluted me on the car which he then had charge of. He informed me that under the treatment I ordered the testicle quickly healed up, and it was now

the same as the other, quite healthy; that he had only consumed the one box of pills, when all got well. His prescription was as follows:

℞. Pil. hydrarg., ʒss
Hydrarg. submuriat., gr.xij
Pulv. opii, gr.xij
Quin. sulph., gr.xlviij. M.

Sig.—Divide in pil. xxiv. One to be taken every night.

The wound to be dressed with the strong mercurial ointment, and to wear a suspensory bandage.

Case 6. The sixth and final case was also that of a married man, father of two children. In 1871 he consulted me for an affection of the testicle. On examination, I found the right epididymis the size of a pigeon's egg, the body of the gland being normal. The enlargement was tense, but indistinctly fluctuating. The man looked pale and somewhat cachectic. He denied ever having had syphilis or clap; yet, some years back, he suffered from what I fancied was an attack of syphilitic acne of the face, from his description of it.

I passed a bistoury into the tumor, and gave exit to some white semi-cheesy matter, which appeared very reluctant to budge from its sack. I thrust a piece of thick tape into the opening, to keep it pervious, and put him on the iodide of potash and bark.

I did not see him again for two years, when he called on me with the left epididymis in the same condition as the right one had been, but complicated this time with a small hydrocele. He persisted that he never had had a venereal sore or gonorrhœa. His father died of phthisis. I should observe that the right testicle had quite recovered.

With a fine trocar I tapped the hydrocele; and looking on the case as one of lues venerea, I passed a thick cord of ligature hemp through the epididymis, and ordered him the one-twelfth of a grain of the bichloride of mercury, in bark, two or three times a day. The seton of hempen ligature caused violent inflammation, and as the patient resided in a remote part of Brooklyn, another physician was called in. He, however, did not remove the seton, and in the course of a week my patient was able to pay me a visit in New York. Nothing could have acted more beneficially; the two openings, the inlet and outlet of the seton, were discharging moderately, there being just sufficient inflammation remaining to cause the softening and absorption of the crude matter in the tumor.

It was over six months after this interview when I again saw this patient. On the 17th of May, last year, I was requested to visit him, in consultation with Dr. ——. He was then in a dying condition from syphilitic cachexia. There appeared to be atony everywhere, and he died a few days after my visit. The diseased testicle was cured long before. He had continued the bichloride but for a very limited time, his medical attendant having put him on tonics, cod-liver oil, and the iodide of potassium, five grains three times a day; this was increased to twelve grains. It did him harm. Both lungs were congested, I believe from paralysis. The skin perspired as profusely as in a case of Asiatic cholera; and the gyrations of his heart were most extraordinary, so extraordinary that I have never met with the like, unless in the cachexia of syphilis.

The last case but one, the fifth case, attracted my attention to the influence gonorrhœal and syphilitic enlargements have on the functions of the testicle. I have taken opportunity to make inquiries as to the influence stricture of the urethra, enlargement of the testicles, ulceration, or other disease of the uterus, have upon the act of coition, and have found that they present no barrier to its full gratification; nay, even increase both the passion and the pleasure. However, where the male suffers from stricture or diseased testicle, he is generally, if not always, childless. The reverse obtains in the female; she is seldom barren from ulceration of the os, or a variety of other uterine affections.

I shall not recapitulate, which is of itself an absurdity, but shall conclude by presenting to the Board a few deductions that I have culled from my practice. I have my doubts of the existence of two syphilitic poisons, believing that it is the constitution of the individual which determines the character of the primary sore, and gives type to the constitutional lesions. In cases where the intercourse of the sexes is limited—say between husband and wife—I have never met with an instance in which the wife contracted a sore from her husband who had a Hunterian chancre; and in more than one instance I have seen the wife exhibiting a chancre, with all the true Hunterian features, which she had contracted from the soft sores or chancroid of her husband. The wives of men tainted with venereal diathesis are subject to inflammation

of the ovaries, and very generally have mammary abscesses, always mistaken for milk abscess, but called by me mammary bubo.

I have found the iodide of potassium useful in the treatment of syphilitic rheumatism, and in diseases of the bones themselves; not in periostitis. In secondary and tertiary syphilis I have found it absolutely pernicious, as in case No. 6.

Mercury, in some form, has been invariably useful in my hands for the treatment of syphilis, in all its stages. In cases of inveterate secondary, and especially tertiary syphilis, such as epilepsy, paralysis, affections of the lungs, liver, heart, kidneys, etc., small bleedings, according to Valsalva's plan for the treatment of diseases of the heart—of about six or eight ounces every month—with an exclusively vegetable diet, and the persistent application of strong mercurial ointment to a limited surface—on the instep by bandage, on the liver by plaster—will effect more than any other plan of treatment. A deduction alike to this may be drawn from the fact that women, while in the vigor of the menstrual period of life, suffer less from lues venerea, and are more readily cured. It is only after the season of menstruation has left them forever that they suffer much; and it is noticeable that in severe cases of syphilis, either primary or secondary, a male patient may date the commencement of his recovery from the occurrence of a critical hemorrhage.

I have found what I call "a whisky puke" to be an excellent remedy for tertiary syphilis. I give the formula:—

℞. Antim. potassio-tart., gr.v
Spirit. hordeii, ℥viij. M.

A tablespoonful to be taken every hour, in a wineglassful of hot sugar and water, repeated about once a month.

CHLORAL HYDRATE IN THE TREATMENT OF PUERPERAL METRO-PERITONITIS.

BY J. W. DORA, M. D.,
Of Mattoon, Ill.

Case. Mrs. McD., native of Scotland, aged 28 years, nervo-hepatic temperament, healthy, and of medium size, was delivered by myself, February 17th, 1876, at 6 P. M. Second labor at full term. The labor was tedious and difficult during the second stage, the duration of which was five hours, and the causes of which were premature rupture of the membranes (eight hours before delivery) and a contracted pelvis in the antero-posterior diameter, with an abnormally straight sacrum. These causes, in addition to a ten-pound male child, rendered the labor tedious and painful to the patient, and tempted me to deliver with the forceps, which I would have done unhesitatingly had it not been for the great terror and prejudice on the part of the patient and friends against instrumental delivery. I therefore desisted from the use of forceps, and trusted to natural efforts, which were, finally, successful, after a fearful struggle. There was no perceptible laceration of the os or perineum, but there was an adherent placenta on the right side, near the fundus uteri, which was readily removed without undue hemorrhage; yet the sequelæ of the case proved to my mind, conclusively, that the traumatic lesion, if any in the case, occurred at the site of the placental attachment, and was the vulnerable point which gave admission to the toxic element into the circulation, which resulted in the auto-infection.

The patient was put to bed comfortably after the termination of the third stage of labor, and made no complaint until 2 A. M. of the 21st, or the beginning of the fourth day, at which time she was attacked with rigors, intense pain in the head, back and extremities, tenderness and slight tympanitis of the abdomen. The lochia was suppressed, and doubtless had been some hours previous to the onset of the chill, which was protracted until 8 A. M., when reaction developed a sthenic fever.

When I visited the patient, at 9 A. M, I found the history of the case as aforesaid; in a violent paroxysm of febrile action, attended with delirium. Pulse 130 per minute, full and tense; temperature in axilla 104°; bowels constipated; nausea and vomiting. Had taken two full doses of oleum ricini on the second and third days after confinement, with but slight effect. I prescribed at once hydrarg. submuriat., fifteen grains, bismuth, fifteen grains, in emulsion of acacia, and introduced hypodermically the fiftieth of a grain of sulph. of atropia in the left arm; at the same time, I also ordered tr. veratria viride, in two-drop doses, every two hours, until 4 P. M. Called, and found the symptoms rather aggravated, except the pain in the head, which was somewhat amelio-

rated by the atropia; the calomel was well retained, and vomiting had ceased; but no movement from the bowels. Ordered enemas, every hour, of soap and water, also turpentine stupes over the entire abdomen. The tympanitis was now very great, with extreme pain and tenderness over the abdomen, but more especially in the iliac and hypogastric regions; irritation of the uterus was arrested, as was evidenced by its unusual prominence, extending up nearly to the umbilicus. In addition to the foregoing local and constitutional remedies, I prescribed:

℞. Chloral hydrate, ʒij
Potassa bromide, ʒij
Syr. prunis, ʒij. M.

To be given a teaspoonful every two hours, alternately with the veratria viride, in two-drop doses, during the night, until sleep was induced; then to be still continued every four hours, alternately, for its antiseptic influence, of which I shall hereafter speak.

22, 9 A. M. Called, and found that the bowels had moved freely, fever abated, and pain in head and back had subsided. Pulse 110; temperature 100°; the abdomen less tender and tympanitic, and patient had slept several times during the night, and was more composed and rational, with some little return of lochial discharge and very offensive odor. Ordered vaginal injections of carbolized water, to be repeated every three hours, and treatment otherwise ordered continued. 8 P. M., patient much better. Pulse 86, safe and regular; temperature 99°; sleeps most of the time (or, rather, drowsy); thirst still urgent, for which iced lemonade and cold tea were allowed; the bloating of abdomen subsiding, and complains principally of pain in the right ovarian region, which is still tender and swollen. Surface has been moist for several hours; no pain in the head, but feels dull and heavy. I should have heretofore remarked that the pain in the head, from the beginning, was in the occiput and cervical region, which now feels very sore when the head is rotated upon the pillow. The appetite of the patient is minus; still, she can relish beef tea and broths. The lacteal secretion is quite suppressed, but the urine is much more abundant than it has been for forty-eight hours.

23d, 9 A. M. The patient passed a very comfortable night, perspired freely, and the febrile symptoms have pretty much passed off, leaving a considerable degree of debility to be overcome by nutrition and tonics; there is still quite an amount of tenderness in the iliac regions, showing the involvement of the uterine appendages, but the secretions are all becoming normal. Suspended the previous treatment, and put the patient upon the use of three grains each of quinia and potass. chloras, every four hours, and allowed the free use of porter and nitrogenous diet.

24th. Mrs. McD. is fairly convalescent; appetite returning, bowels regular, lacteal secretion reëstablished. Continued the treatment of yesterday, with the addition of fifteen drops of aromatic sulphuric acid, every four hours; to be alternated with the powders, to arrest profuse perspiration.

25th, 4 P. M. Patient still improving; sleeps well, appetite good, symptoms all favorable for rapid recovery. Continued the treatment for twenty-four hours, and discharged the patient.

Remarks.—If I should close this article with the simple report of the progress and treatment of a case of autogenetic septicæmia, developing the usual phenomena of metro-peritonitis, with its attendant general and local peculiarities, without a reason for the hope that is within me, the readers of the REPORTER would, doubtless, fail to see the animus which evoked the recital of the case at all. I will, therefore, explain, very briefly, the hypothesis upon which the treatment of this case, with several similar cases, was predicated.

I first became convinced of the antiseptic properties of chloral hydrate some five years ago, accidentally, by administering it as a hypnotic in a case of puerperal fever, in which maniacal delirium was a prominent symptom. The case resisted its soporific influence, given in ten to twenty-grain doses, for forty-eight hours, until about four hundred grains had been given, when the patient succumbed to its influence, and profound sleep resulted, which continued ten hours, after which there was a general amelioration of all of the aggravated septic symptoms, and a speedy recovery followed, with appropriate tonic and stimulating treatment. Since that time I have been anxiously awaiting the experience and experiments of other investigators in the use of this valuable therapeutic and preservative agent, until the fact has been demonstrated beyond cavil, by many anatomists and surgeons, that chloral stands second to no other safe internal remedy, as a preservative of pathological and anatomical specimens; and when its antiseptic properties are proven and

admitted, the point at which I aim is fully attained. I refer the reader to the elaborate report of W. W. Keen, M. D., anatomist, of Philadelphia, in the July number of the *American Journal of Medical Science*, in which he gives the preference to chloral over all other agents, as a preserver of animal tissue. I, therefore, prescribe chloral in septicæmic affections, on account of those properties which I have attributed to it; and I combine with it potassa bromide, on account of its well-known sedative effect upon the cerebro-spinal centres, as well as its alterative and eliminative influence upon the kidneys and secernent system generally, which would, obviously, adapt the compound to the treatment of autogenetic septicæmia in the puerperal state, in connection with appropriate auxiliary treatment always provided, etc.

Hospital Reports.

LONG ISLAND COLLEGE HOSPITAL.

SURGICAL CLINIC OF PROFESSOR JARVIS S. WIGHT.

Reported for the Medical and Surgical Reporter.

Amputation of Index Finger.

The patient was a middle-aged, robust seaman, who, some months before, had suffered a compound fracture of the first phalanx of the index finger of the left hand. Owing to an excessive amount of bony callous, the finger was so stiff as to be worse than useless.

The Professor called attention to a method of finding the joint in these amputations which, he said, would not be found in any of the text-books of surgery. The rule is to flex the digit, and then calculate the thickness of the head of the metacarpal bone. By cutting in at a point a little less than that distance from the apex of the flexed joint, on its anterior (dorsal of phalanx) aspect, the joint cavity will always be penetrated at once. The same rule holds good for the phalangeal joints, except that we must not go quite so far from the apex, in order not to strike the prominence on the dorsal surface of the proximal extremity of the second and third phalanges.

The upper part of the wound was stitched with horse-hair, and into its lower angle a tent of beeswax was inserted. The Professor said that the beeswax tent was originated by Professor Gunn. Its advantages are, that it is easily made, is soft and unirritating, readily inserted, does not absorb the discharge, and can be removed at any time, scraped off, and reintroduced.

Medical Societies.

ALLEGANY COUNTY (Md.) MEDICAL SOCIETY.

The Society met at their hall, in Cumberland, Md., March 21st, 1876, Dr. G. E. Porter, of Lonacoming, President, in the chair.

The Judicial Committee having reported favorably upon the applications for membership of Drs. E. H. Parsons and A. B. Price, they were duly elected as members.

Dr. I. M. Green reported a case of comminuted fracture of skull in a man aged sixty-two years. The man having fallen over a precipice in the night, laid fifteen hours before being discovered. When found, he was in an insensible and rigid condition; respiration and circulation rapidly failing. Upon the fracture being located, the depressed portion of bone, which was two and a half inches in diameter—after consultation with Drs. George F. Fundenburg and W. McGill—was immediately removed. For a short time afterward both the circulation and respiration were much improved, but patient gradually grew worse, and expired twenty hours after operation.

Dr. G. E. Porter, of Lonacoming, mentioned a case of comminuted fracture of the skull caused by a blow from a bottle. Six weeks after date of injury he removed several portions of bone, the patient making a perfect and rapid recovery.

Dr. W. McGill presented a case of fractured clavicle, which he was treating with the apparatus of Prof. E. Warren, formerly of Baltimore, Md. The apparatus consists of a wire splint, so bent as to fulfill all of the indications necessary to the treatment.

Dr. W. McGill read the history, with the post-mortem examination, of a case of dysentery brought on by exposure to cold, and followed by abscess of the liver.

A committee of five was appointed as a Board of Health, to coöperate in sanitary measures with the State Board of Health.

After the usual routine business, the Society adjourned until next regular meeting.

Wardlaw McGill, M. D.,
Corresponding Secretary.

Kryolite.

Epsom salts is very largely manufactured in this city from the mineral called kryolite. One house has the monopoly of this substance, which is obtained from the coast of Greenland. During the year ending June 30, 1874, the value of the firm's importations of Greenland kryolite, all entered at Philadelphia, was $17,870. In the succeeding month of August they brought $14,866 worth; in September, $18,587 worth; in October, $9,087 worth; in November, $18,071 worth. The importations thus far are valued at over $80,000. Kryolite is a soft magnesian mineral

EDITORIAL DEPARTMENT.

PERISCOPE.

On the Elasticity of the Lungs.

The following is an abstract of a paper read at the Clinical Society, London, entitled "On Some Effects of Lung Elasticity in Health and Disease," by R. Douglas Powell, M. D., F. R. C. P. In this paper, after a reference to the views of Hutchinson and Hyde Salter on the mechanism of respiration, it is observed that, as now admitted by the best physiologists, in the position of thoracic repose—*i.e.*, at the end of quiet expiration—the contractility of the lungs is exactly counterpoised by the elastic resilience of the chest-wall. This elastic resilience, tending to expand the chest, may be termed the "eccentric thoracic resilience." The presence of this eccentric thoracic resilience in health was pointed out by Dr. Salter, and has been incidentally further demonstrated by Mr. Le Gros Clark's more recent experiments to show the "passive tension" of the diaphragm. The resilience of both thoracic wall and diaphragm, tending eccentrically, and thus to increase the capacity of the chest, takes an important part in facilitating the respiratory act. The thoracic resilience in calm breathing helps inspiration and eases the recoil in expiration, thus exercising a spring-like function countervailing the lung elasticity in each way. (The diaphragmatic resilience is probably mainly derived from the "spring" of the thoracic margin to which it is attached.) Most authors regard thoracic elasticity as acting counter to inspiration, and Dr. Salter assumed that it was in favor of inspiration only at the very commencement of that act. It is important, therefore, to compare the range of chest expansion in calm breathing with the degree to which the chest will expand by virtue of the eccentric thoracic resilience alone, as ascertained by experiment upon the dead subject. The measurements of Hutchinson, Burdon-Sanderson and Sibson show the expansion of the chest in quiet breathing to be very small, viz., from 1 to 2 millimeters. In some experiments by the author he has found the range to be slightly greater, but variable in different persons. In one observation of expansion of chest by virtue of eccentric resilience, upon the dead subject, Dr. Salter found that on cautiously opening the pleural cavity, so as to allow the lungs to collapse, and thus to liberate the chest-wall from their traction, an expansion of 1 millimeter was recorded. The author has repeated this experiment with slight modification in ten cases. In one case, in which the chest was quite healthy, the expansion recorded was 3.19 mm. In three other cases, in which the chest was not quite healthy, expansions of 1.6, 2.1 and 2.4 mm. were recorded respectively. In six cases in which œdema, or emphysema, or adhesions were present, no result was obtained. It thus appears that in health the thoracic resilience favors inspiration throughout, and that probably even at the termination of quiet respiration there is still a small tendency to expand in reserve. The facts and inferences above alluded to are of much interest in their clinical bearings. In emphysema the elastic tension of the lung is loosened, so that the eccentric thoracic resilience becomes less and less opposed as the emphysema increases. In extreme cases the inertia of the chest-walls and the resistance of the lung are no longer countervailed by thoracic resilience, hence the uneasy jerk with which the act of inspiration (mainly thoracic in this disease) commences. The view of Stokes, still held by most who have followed him, that the chest in emphysema was expanded and organs displaced and compressed by the large lungs, is untenable. Some observations of M. Woillez on the expansion of the chest during the febrile state are alluded to. The relationship between cardiac displacement and intra-thoracic pressure is then discussed, a table of seventeen cases of pneumothorax and three cases of empyema being referred to, in which the intra-thoracic pressure has been tested by the author. Experiments already published are also alluded to as bearing upon the subject. The results of these latter observations and experiments seem to show that the view before expressed by the author is correct, viz., that in all cases of effusion into the pleura displacement of the heart is at first effected by the traction of the lung from the healthy side upon the mediastinum—rapidly in the case of pneumothorax, gradually in fluid effusion. When further accumulation takes place, the heart, of course, becomes further displaced by direct pressure.

On Hospital Gangrene.

In a paper in the *Archiv für Klin. Chirurg.*, by Prof. Von Nüssbaum, of Munich, the writer gives some details of much practical interest with regard to the preventive and curative treatment of this affection. In 1872, the first year of its appearance in the hospital, the gangrenous condition of the wounds in those attacked was always readily and successfully controlled by the local application of lotions, containing nitrate of silver, corrosive sublimate, or carbolic acid; but as the distinctive changes became more and more acute, it was found necessary to have recourse to more active means, and to apply caustic pastes and the actual cautery. Energetic applications of the latter agent proved the most efficacious, and a

perfectly successful result of such treatment was usually indicated by a previous fall of the patient's temperature. During the prevalence of the gangrene many different attempts were made to protect healthy wounds and sores from contagion. The continuous water-bath and applications of ice, moist warmth, and lotions of carbolic acid, salicylic acid, chlorine water, etc., were tried, but without any good results. At last Lister's antiseptic plan of dressing was practiced most strictly, so that no open surface was dressed save under the carbolic acid spray, and no instruments or dressings used save after careful disinfection. The hospital gangrene at once ceased, and not a single case, Prof. Von Nüssbaum states, has been observed in his ward since the adoption of this plan of dressing, although at the period of its first use eighty per cent. of the surgical patients had been affected. Prof. Von Nüssbaum asserts that he feels it his duty to testify to the efficacy of Lister's method as a prophylactic against hospital gangrene. He insists, however, upon the necessity of carrying out this plan of dressing in all its details. He holds that the secret of its great success in this instance lay in a pedantic exactness in its mode of application, and he expresses it as his opinion that the surgeon who allows a wound to remain for one second open to the air, and unprotected by the carbolic acid spray, cannot reasonably expect any good results from his practice of Lister's method.

"No More Ovariotomy."

Under the above startling title, says the London *Medical Times and Gazette*, we find a note in the *Surgical Centralblatt* for February 12, taken from the *Wiener Med. Presse*, 1875, No. 52, by Dr. Semeleder. About two years ago he was informed that a lady of his acquaintance, suffering from an ovarian cyst, who had been much relieved in Dresden by acupuncture (? galvanopuncture), had been ultimately cured in Vienna by the same treatment. Since that time he has tried it in three cases:—

1. A young lady, aged eighteen, who had a soft fluctuating ovarian tumor, originating on the left side and extending three centimeters above the umbilicus, was subjected to galvanopuncture. In four months the diameter of the abdomen, two inches below the umbilicus, was reduced from ninety-six centimeters to ninety-two centimeters, and in two months more the cure was completed.

2. A lady twenty-four years old, and the mother of two children, had a tumor in the lower part of the abdomen, on the left side, as large as the head of a child two years of age. When she had been under treatment two months the patient was cured, the remains of the cyst being hard, and of the size of a small apple.

3. A woman forty years of age, with a tumor reaching up to the umbilicus, had so far recovered at the end of six weeks of the treatment that its continuance was considered unnecessary.

No unpleasant consequences occurred in either of these cases, and none of the cysts have refilled. The author considers that the action is the same as that which occurs when the poles of a battery are placed in an albuminous fluid, viz., clotting and thickening at the positive pole, and liquefaction at the negative. He considers the method equally applicable to multilocular and unilocular cysts. He does not give an exact account of his method of procedure, but each sitting was of short duration. He anticipates equally favorable results in the treatment of hydatid cysts on this plan.

Venesection in Scarlatinal Dropsy.

The following case is given in the *Lancet*, from a clinic at Guy's Hospital, under the care of Dr. Wilks:—

F. M., a girl, aged seven, was admitted on January 21st, with general dropsy. Her father had dropsy when fourteen years of age, but the mother had always been healthy. There was no history of rheumatism in the parents or in the patient, but it had been noticed that from birth the girl was cyanotic, especially after any physical exertion. Four years ago she had measles, and she had always been a delicate child.

On December 28th, 1875, she was attacked with scarlet fever, and on January 22d she left her bedroom for the first time, and on the evening of the same day her eyelids swelled. After this the dropsy gradually extended over the whole body, in which condition she was admitted.

On admission the countenance was swollen, pale, pasty, and œdematous, and the lips were blue; the legs, arms, and abdomen were also swollen; the fingers were bloodless, the tips blue; there was distinct fluctuation and gravitation of fluid in the abdomen; the tongue was covered with a white fur; there was no evidence of desquamation except a slight scaling between the thumb and forefinger of the left hand. Loud rhonchi, sibilant and moist sounds, were heard all over the chest, both anteriorly and posteriorly. The precordial dullness could not be distinctly made out, but there was dullness extending from the second rib downward, a little to the right of the median line, and also to a line drawn from the apex of the axilla downward. A thrill was felt in the left second interspace, and a loud systolic murmur was heard in the second left intercostal space, as well as in the axilla and at the back, but loudest just over the pulmonary valves, running along the pulmonary artery up to the axilla. Urine: specific gravity 1.018; half albumen; no blood; hyaline and epithelial casts. Ordered ten grains of compound jalap powder at once, and half an ounce of the acetate of ammonia mixture every six hours.

At 8.30 P. M. the patient was seized with convulsions, most marked on the right side of the body, while the head and eyes were inclined to the right side. The spasms

were mostly of a clonic nature, and there was rigidity of the muscles of the neck. There was foaming at the mouth, but the tongue was not bitten, although the teeth chattered, and there were convulsive movements of the muscles of the face. The pupils were slightly dilated, the conjunctivæ almost insensible, the breathing loud, almost stertorous, and the face livid. These fits were frequently repeated, and during the intervals the patient was quite unconscious. A warm bath was administered, with no good result. As the convulsions continued, and increased in intensity, venesection from the median cephalic vein, to three ounces, was practiced whilst the patient was in the bath, but there was no cessation of the convulsions. Temperature 102°; pulse 90.

Chloroform was administered, and the convulsions ceased, and the patient was quiet till ten o'clock next morning (January 28th), when the fits occurred a second time. Venesection to five ounces was done, with great relief, the convulsions ceasing in ten minutes, and not occurring again, the patient making a gradual recovery. During the fits the breathing was suspended for some seconds, after which it resumed its former character.

January 30th. Patient sensible. Pulse 70; less dropsy about abdomen; lower eyelids still œdematous; urine albuminous, one-third; specific gravity 1.020.

February 6th. Urine: slight cloud of albumen; no casts.

From this time the recovery was rapid.

Case of Ringworm Occurring in an Infant within Six Hours of Birth.

Dr. J. Roche Lynch, L. R. C. P., writes to the *Medical Press and Circular*:—

The following history exhibits, in my experience, the earliest period in a child's life, on record, in which ringworm has appeared; save this, there is nothing very especial in the case: but to some of your readers, particularly those interested in skin diseases, it may be of interest.

On the 16th of January, 1874, I was called upon to attend Mrs. W. in her confinement. She has had two children, both living. This child was born at 2 P. M., and the same evening a friend calling on a visit noticed a small red spot on the child's right cheek, three-quarters of an inch below the eyelid. I was shown it the next day, but paid little attention to it, conceiving it to be of no importance. It, however, steadily increased, and on the 11th of February was about the size of a shilling. I now recognized it as a ringworm, presenting the ordinary conditions. It was treated with the application of acetic acid, and in three weeks it was quite cured.

On inquiry of the nurse, I found, four days before Mrs. W. was confined, that she (the nurse) had visited some friends, where one of the children was suffering from ringworm. She took the child for a short time upon her knee. This appears to be the secret of the case; but I must admit that for a moment the question rose in my mind, "Could it be congenital?" On consideration, however, it did not appear tenable; but until I extracted the history of the visit from the nurse, I was puzzled how to account for the disease. I afterwards discovered that at the time she dressed the newborn infant she was wearing the same dress as on the visit. This was of black stuff, one to which particles of any kind might cling. I concluded that a spore or spores of the fungus had fallen from the head of the first child, and retaining vitality, settled on the cheek of the infant, probably when first handled by the nurse. From this it appears that the spores retain their activity for at least four days, and that when they meet with a suitable locality, develop such power as to produce a clearly defined spot in the course of what certainly did not exceed six hours.

Infusoria in Fever Stools.

Dr. Felix Marchaud, of Berlin, reports in Virchow's *Archiv* the case of a young man, aged fifteen, suffering from enteric fever, in whose stools, in addition to bacteria, he observed infusoria in a state of great vital activity several times during the earlier stages of the disease. They were of a roundish triangular form, compressed laterally, the posterior angle was elongated into a long cilia-like tail, and some long cilia were placed round a depression near the front of the ventral surface. To these structures the rapid movements of the animal were doubtless owing. In the interior were seen some granules and one or two vacuoles. In addition to these forms were others which exhibited motions rather of an amœboid character, but which, however, possessed cilia and vacuoles which the author regards as the imperfectly-developed condition of the former. He gives as measurements, length (exclusive of tail), 0.013 mm.; width, 0.0075–0.009 mm.; length of tail, 0.003 mm. The disease ran a moderately severe course, and ended in recovery.

Salicylic Acid as a Febrifuge.

Dr. Wolffberg has tried it in Professor Ziemssen's clinic in a number of cases of typhoid fever, in doses of from two to six grammes, and he has come to the conclusion that its antipyretic effect is not nearly so powerful as that of half as large a dose of quinine; and that, moreover, the action of the drug is uncertain. Dr. Wolffberg states that the internal use of salicylic acid is not unattended with danger. He found hemorrhagic erosions in the mucous membrane of the stomach and duodenum, in several persons who died after they had taken the acid made up into wafers; and in the large intestine of a dog which had had an enema containing two grammes suspended in forty grammes of water

there were numerous hemorrhagic ulcerations. Instead of salicylic acid, Dr. C. Mveli has lately (*Berliner Klin. Wochenschrift*, No. 38, 1875) recommended the use of salicylate of soda in fever. He gives it in doses of four to five grammes, and finds that such a quantity exercises a marked antipyretic effect when the temperature is only moderately high, but that in severe cases a second dose is needed, from four to sixteen hours afterward, to reduce the fever as much as 1.5° to 3° Cent. As a rule, the effect of a dose lasts twenty-four hours; and it is most marked if the acid is given during the natural interval of daily defervescence. Dr. Mveli has used the soda salt with benefit in typhoid fever, and also in pneumonia and acute rheumatism. The fall of temperature which it causes was accompanied by copious perspirations in about half his cases. There were no injurious after-effects. Occasionally transient vomiting was excited by the drug. Its action was most satisfactory when administered by the mouth; less so in the form of enemata. In healthy persons, salicylate of soda appears to have no effect on the temperature at all; and, according to Dr. Fürbringer's experiments, the same is true of salicylic acid.

The Limitation of Venereal.

Can we do much to put an end to venereal diseases? That is the question which has puzzled so many able minds of late years. In reply to it Dr. Mauriac, of Paris, in his most interesting work, entitled "Rareté Actuelle du Chancre Simple," Paris, Delahaye, 1876, thus speaks: The soft chancre is the most crapulous of the three venereal diseases. In truth, it is a disgrace to our civilization that it still exists. Have we not the power of destroying it as we destroy vermin, and all parasitic diseases which lodge on the skin? Yes, I am convinced that it will be made to disappear whenever society will seriously take the trouble to make it cease. Its rarity, which has been extraordinary for some time past, is it not perhaps the prelude of its future extinction?"

"Certainly (he adds) I would not be equally affirmative with respect to syphilis. Since that disease invaded Europe, at the end of the fifteenth century, it has never ceased to rage. It has before it, as it has had in its past history, many years of existence. Reason, however, tells us that it is not inherent in humanity, so that we need not forever despair to destroy it. But how many circumstances contribute to perpetuate it; its constitutional character, the contagiousness of its products during their early phases, the inutility of preventive cauterizations of its primitive accident, its hereditary transmission, and the virulent contagiosity of the lesions of the fœtus, etc."

"As to gonorrhœa, it will remain as long as humanity. It was born with it, and will die with it. Were we to extinguish this special inflammation for several years, it would reawaken from its ashes. And, indeed, it would be rapidly reawakened, for it would not be a very difficult or complicated experiment to create an acute catarrh of the urethra and raise it to that point of specificity that would make it contagious. Perhaps such a fact takes place more frequently than is supposed. Whereas, let any one attempt to create anew the syphilitic poison or the virus of the simple chancre."

The Contagium of Enteric Fever.

In a review of this subject in the *British Medical Journal*, with special reference to Dr. Klein's report to the English Privy Council, the writer says:—

With regard to the principal object under investigation, it should be noted that the facts which have been put together by the most able and experienced pathologists tend to show that the contagion of enteric fever is due to a specific and living organism which, when transmitted from a diseased to a healthy individual, produces the same disease in the latter; and, further, that the chief, if not the only, vehicles of poison are the ejecta of the bowels of an infected person. Contagion in the form of a living organism could not be expected to produce infection at once; and the theory that it is organized is *primâ facie* justified by the circumstance that a period elapses between the reception of the contagium and the manifestation of the disease, during which the poison apparently lies dormant, but it is in reality ripening toward an active condition. According to Dr. Klein, no other view of the poison affords any explanation of the incubation-period. But hitherto no one has succeeded in pointing out any specific organic form as the probable cause of enteric fever, and hence the paper which Dr. Klein has prepared is one of the highest interest.

Preliminary investigations were made with the stools of enteric fever patients, and the microscopical appearances which they present are described at length in Dr. Klein's paper. Among the objects noticed are numerous bright, highly refractive, spherical micrococci of varying size, both isolated and in chains or necklaces, and at times rod-like structures, from which these micrococci could be traced to originate; but it is not in the evacuations alone that these bodies are found; they have been observed in abundance in the mucous membrane of the ileum in the stages of the disease preceding general ulceration. In those parts of the ileum which, at the commencement of enteric fever, appear to the unaided eye only to be slightly increased in thickness, Lieberkühn's crypts are seen to contain in their lumen, in smaller or larger masses, corpuscles of greenish-yellow color, highly refractive, varying in form, and also in size, from about twice the size of a human blood-corpuscle to that of a minute granule, and it is evident from the appearances which they at times present that they multiply by transverse division. From the characters

which they present, Dr. Klein arrives at the conclusion that they must be of the nature of organisms, and with regard to them he further states that we have to do "with a fungus which possesses mycelium-threads of very unequal joints." In some parts of these threads, probably the terminal parts, "their contents split into microgonidia," and the gonidia, when discharged, undergo rapid division, so as to form a kind of zoogloœa. In short, a very definite conclusion is arrived at with regard to the identity of the contagium of enteric fever with a low vegetable organism.

The products of the fungus are also found in other parts of the mucous membrane. The gonidia form and the micrococci may be seen in the tissue of the mucous membrane close to Peyer's glands, and the micrococci especially occur in large masses in the lymph-spaces surrounding Lieberkühn's crypts and the tissue next to it. The spores and micrococci also find their way from the surface through the Lieberkühn's crypts into the lymphatics and blood-vessels. Both the organisms themselves and the various shapes and positions they assume are depicted in the clearest manner in the diagrams which accompany the report. Indeed, these beautiful illustrations, from Dr. Klein's own pencil, bring out the results of the investigations in a manner which must be most convincing to the eye of the anatomist and microscopist. One diagram shows how masses of these micrococci penetrate through the epithelium and accumulate in a space between it and the stroma of a villus; in another, the organisms are seen to penetrate from the free surface into the mouth of a Lieberkühn's crypt; they are also seen to make their way into lymph-spaces and into the walls of veins.

From these circumstances, Dr. Klein considers it clear that we have to do "with an absorption of masses of micrococci from the surface into the lymphatics and blood-vessels;" and he further shows that it is impossible that their presence can be due to *post-mortem* changes. These organisms, too, are identical with those observed in the alvine discharges of enteric fever patients, and, as we observed in a preliminary notice of this report, the appearances presented by the organism "correspond closely with those described by Cohn as characteristic of the vegetation discovered by him in a district of Breslau famous for enteric fever."

A New Plan for Detecting Bile-pigment in the Urine.

For the clinical demonstration of the presence of bile-pigment in urine, Dr. Rosenbach, Jena (*Centrablatt Med. Wiss.*, No. 1, 1876), recommends the following methods as an improvement on those ordinarily employed:—The urine is filtered through ordinary white filter-paper, by which means the latter is rendered of an intense yellow or brown tint. If a drop of slightly fuming concentrated nitric acid is now allowed to fall on the inner side of this prepared paper—that is to say, on the side which was turned toward the fluid—the spot which it touches becomes yellow, then yellowish-red, and at the edge of a beautiful violet tint; further out there forms an intensely blue ring, which passes over almost immediately into an emerald-green color. It is best to use the paper in the moist state, without allowing it to dry after filtration. The play of colors produced by the acid is beautifully shown by allowing a drop to trickle down the inner surface of the filter, the reaction becoming more intense the nearer the acid gets to the apex of the cone. If the filter be allowed to dry and is put aside for a few days, it is only necessary to moisten it with distilled water, and then to use a drop of acid, to obtain a characteristic play of colors. The reaction does not occur in highly colored urines which are not icteric.

Dental Caries.

In a review of a dental work by Mr. Sewill, in the *Med. Press and Circular*, the writer says:—

Of all the different subjects, however, with which dentists have to deal, there is none in which the public are so interested, or on which medical men are so frequently asked to pass an opinion, as that of the cause and nature of dental caries. There is a very general impression among the community that dentists cannot satisfactorily account for the havoc which this disease causes among the teeth of nearly every third person we meet with, and for the fact that we seldom find a sound set of teeth in any individual over thirty or forty years of age. But this is a great mistake, as dental pathologists can give as good an explanation of the causes of the deterioration of teeth as can be given in respect of insanity or any other disease which has likewise increased within the last fifty years. The theory of the etiology and pathology of caries which our author has adopted is, to use his own words, "entirely based upon generally-admitted facts; it is that which I believe can alone be arrived at by reasoning upon such facts; it is that which has been enunciated by the best authorities, and eventually must be, in my opinion, universally accepted." These causes are to be found in the action of acids, which occasions a gradual softening and disintegration of the dental tissues, the origin and progress of the disease being favored by certain structural defects in the enamel and dentine, and by certain derangements of the general health. "The local and constitutional diseases which favor the onset and progress of caries are those which are accompanied by inflammation of the oral mucous membrane, and those which give rise to the formation or deposit of acid within the mouth. Among the former may be particularly enumerated all the varieties of stomatitis; among the latter, scrofula, syphilis, phthisis, diabetes, chlorosis, and chronic alcoholism. These constitutional affections exert their baneful effect upon the teeth, in great part, by reason of the chronic inflammation of the gums, the vitiation (even gen-

eral acidity) of the secretions of the mouth, and the dyspepsia with which they are all so commonly accompanied." A curious fact in connection with dental caries is that the teeth are not all equally liable to decay; and Mr. Sewill gives the statistics of 10,000 cases collected by Magitot, which show the great relative frequency of caries in the first molars, as well as the much greater frequency of the disease in the front teeth of the upper than in those of the lower jaw. The latter circumstance may, in the opinion of the author, "be accounted for by the fact that the lower front teeth are protected from the action of acid by the saliva with which, owing to their position, they are constantly bathed." He admits, however, that no entirely satisfactory explanation of the above facts has yet been afforded.

Lister's Treatment of Wounds by the Antiseptic Method.

The following lecture, from the *Lancet*, March 25th, 1876, we give somewhat more at length than usual, on account of the great interest of the subject. It is by Thomas Smith, F.R.C.S., Surgeon to St. Bartholomew's Hospital:—

The theory, or, one may now say, the facts on which Mr. Lister's antiseptic treatment rests, are as follows:—

1st. That in the dust of the atmosphere, and on matter with which it is in contact, there are the germs of minute organisms which, under favorable circumstances, induce putrefaction in fluids and solids capable of that change, in the same manner as the yeast-plant occasions the alcoholic fermentation in a saccharine solution.

2d. That putrefaction is not occasioned by the chemical action of oxygen or any other gas, but by the fermentative agency of these organisms.

3d. That the vitality or potency of the germs can be destroyed by heat, and by various chemical substances, which we call, in surgery, "antiseptics."

Now, I am not going to ask you to believe these statements on my authority, but I will shortly refer to the results of experiments performed by Pasteur, Lister, Sanderson, Tyndall, and others, which justify the above conclusions.

It is scarcely necessary to state that organic fluids, like milk, urine, and blood, infusion of meat, etc., if kept in contact with the air at ordinary temperatures, will ere long decompose or putrefy, and will give evidence of putrefaction by turbidity (if the fluid be originally clear), by the evolution of offensive gases, and by the development within them of bacteria.

Further, it has been shown by Pasteur and other observers that it is by no means essential to the success of such experiments that the organic liquids should be boiled, but that when circumstances admit of their being withdrawn uncontaminated from their natural receptacles, such as the urinary bladder, the blood vessels, the udder of the cow, or the shell of a fresh-laid egg, they will remain free from organisms and from putrefaction when kept in pure vessels and protected from dust.

It has also been discovered that impure air will purify itself by mere subsidence of its dust. Pasteur long ago proved that putrescible fluids could be kept free from putrefaction in air taken from cellars free from draughts, when the solid particles of the atmosphere had had time to deposit themselves by subsidence; and Prof. Tyndall has recently subjected air purified by being kept at rest to very searching tests, to ascertain if it will excite putrefaction in putrescible solutions. He has found that solutions of meat, cheese, turnip, etc., first subjected to a high temperature, can be kept free from putrefaction for an indefinite time, exposed to the air-closed boxes that have been kept at rest a day or two, to allow the dust to subside, precautions being taken to prevent the said dust rising again by coating the inside of the box with glycerine. The same experimenter has demonstrated the fact that the air which has been thus rendered incapable of exciting putrefaction—*i. e.*, aseptic—is also optically pure: that is, that there are no particles or motes to be detected in it when illuminated by a beam of electric light in a darkened room.

On the other hand, Mr. Lister has found that when any portion of apparatus used in investigations on this subject cannot conveniently be purified by heat, the object may be attained by washing the glass or other material with a strong watery solution of carbolic acid, and drying it with a carbolized rag, and in the course of a long series of experiments he has invariably found this antiseptic agent as efficacious as the flame of a spirit-lamp in preventing the growth of organisms and the occurrence of putrefaction.

Mr. Lister's object in the treatment of wounds and abscesses is to exclude from them these germs or organisms that float in the atmosphere and are the causes of putrefaction, and the means he employs for effecting this purpose he recommends, not as the best that can be used, but as the best that he has been able up to the present time to devise; and although Mr. Lister considers the truth of his theory incontrovertible, yet he does not claim to have brought his practice to perfection.

Mr. Lister claims for his plan that when it can be carried out with due care and proper observance of details, he can, as a rule, secure that an open wound should heal after the manner of a subcutaneous injury—that is, without inflammation or constitutional fever, and for the most part without suppuration; while, if suppuration occurs, he secures that it shall not be putrefactive—that is, accompanied by the changes that we consider evidences of putrefaction, such as the formation of bacteria and the evolution of fetid gases.

In the treatment of abscesses by the antiseptic method, Mr. Lister believes that he has effected

an entire revolution in the course of the disease after the cavity has been opened, and to this I will more particularly allude in my next lecture. But I may here mention that, along with many local advantages, the patient is said to be free from all danger of irritative fever as the immediate consequence, and from hectic at a later stage.

I must state these things explicitly to you, in justice to Mr. Lister, that you may judge fairly of the results of the antiseptic treatment, understanding what it cannot do, as well as knowing the advantages claimed for it by its author. It is only just to Mr. Lister, and essential, in order to enable you to form a fair estimate of the results of his method, to remember that he is far from regarding putrefaction as the only cause of suppuration. On the contrary, he has long since pointed out that any antiseptic substance, such as carbolic acid, if applied continuously to the exposed tissues of a wound, stimulates them to granulation, and the granulations to the formation of pus, giving rise to what he has termed "antiseptic suppuration," due to the direct chemical stimulus of the antiseptic. He has also expressed the belief that putrefaction acts in a precisely similar manner in causing suppuration, the products of putrefaction being acrid chemical substances; but that there is this all-important difference between the two cases—that the antiseptic acts only on the part to which it is applied, whereas putrefaction, being a fermentation, extends itself into all the recesses of a wound or abscess, where blood or sloughs, pus or serum, affords a nidus for the development of the bacteria. Further, Mr. Lister has directed attention to the important truth that suppuration, besides being brought about in this manner by the direct stimulus of chemical irritants, may be produced by ordinary inflammation without the access of any external disturbance, putrefactive or otherwise, as in the familiar case of an ordinary deep-seated abscess, the contents of which, when evacuated, are free from putrefaction. This ordinary inflammation he believes to be due to excited nervous action, and the commonest of all causes of it in surgical practice is tension, occasioned by blood or serum being pent up within the cavity of a wound; and he has insisted upon the fact that, in consequence of the irritating influence of the antiseptic material in the spray and sponges, the sanguineo-serous discharge is greater in the earlier periods from a wound treated antiseptically than from one managed in the ordinary way. Hence it is doubly necessary to provide free escape for this serous effusion, which is done by means of drainage tubes; and if these be neglected or inadequate, tension will inevitably result, with corresponding inflammation, and in due time suppuration. Lastly, we must bear in mind that inflammation caused in this manner by tension, like any other ordinary inflammation, will be attended, in proportion to its intensity, by constitutional disturbance or fever.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The last edition of "Webster's Unabridged Dictionary" appears after careful revision, and with improvements and additions which insure for it the maintenance of its position as the best dictionary of the English language. Price $12. G. & C. Merriam & Co., Springfield, Massachusetts, publishers. It is a necessity for every intelligent family, student, teacher, and professional man. What library is complete without the best English dictionary?

——Our attention has been invited to a work entitled the "Physician's Single-paged Record and Cash Book." By D. M. Barr, M. D. A second and revised edition of which has been published. The book may be opened on any day of the year. Each page or folio represents one or more month's work (as practice may demand), and is so arranged as to present a record which usually requires five separate books, and proportionate labor in keeping them, viz:—1. Book of Appointments and Visiting List. 2. Day Book or legal Book of Original Entry. 3. Ledger. 4. Cash Book. 5. Case Book or Memoranda. It is a large book, 12x16, on superior medium paper. Handsomely bound and lettered. Price $5.

——The following work is announced by J. H. Coates & Co.:—"Micro-Photographs in Histology, Normal and Pathological." By Carl Seiler, M. D., in conjunction with J. Gibbons Hunt, M. D., and Joseph G. Richardson, M. D. The work will be issued in monthly numbers, each containing at least four plates with descriptive letter press, twelve numbers to form a volume. The high scientific standing of the medical gentlemen connected with the publication is sufficent guarantee of its value to the profession at large. It is the only publication of its kind. The plates and letter-press printed on fine, toned paper. Size of the page 9x11 inches. Each number in a neat cover. Price of separate numbers 60 cents each.

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THE LIABILITY OF PHYSICIANS.

The increase in the number of suits for malpractice in the courts, in different sections of the country, has become a topic of remark in medical circles. Some of these are instituted by unscrupulous patients, some instigated by unworthy lawyers with a view of extorting hush-money. It is an important branch of each physician's education, therefore, that he should be aware of the extent of his liability as a professional man. The most recent authority on the subject is Professor Francis Wharton, from whose philosophical work, "*On the Law of Negligence*," we have gleaned the observations we are about to make.

The general obligation of a physician is in each case to apply such diligence as good physicians, called under similar circumstances, are accustomed to apply. But if the physician has a specialty, and is employed as an expert in it, as when an obstetrician is summoned on account of his especial skill in that branch, then he is bound to show the skill and diligence of an expert; more, therefore, than those of the general practitioner.

The inquiry has been made of us whether in every case a physician has a legal right to refuse to take charge of a patient. There is no question but he can, no matter what the circumstances of the case are; but if he once accepts the charge, he is liable for any negligence, and this liability is *not in the least diminished by the gratuitous character of his service.* He is bound as much to do his best in a "charity job" as toward a "pay patient."

Several cases have decided that if a general practitioner, not competent in a specialty, forces himself into a case to the exclusion of another physician who is competent as an expert in that case, he becomes *liable to the full extent of the specialist.* In the growing tendency to division of labor in the profession, these rulings regarding specialists are of high interest.

Of course, the physician is esteemed competent only according to the standard of the school he professes. A botanic physician is gauged according to the botanic system; and, we presume, if a patient with a broken leg calls in a medical man of the "Peculiar People," who treat all injuries and ailments by anointing with oil, and by prayer, the patient will have no redress at law for the crooked leg he will have in consequence.

The test of proper diligence in any particular case is *not* that of average capacity, but that of an honest, intelligent, and responsible physician in the position in which the defendant was placed. All the circumstances are to be taken into account. Thus, due diligence in the country is to be held at a less high mark than in the city; for in the latter, opportunities for culture are greater, instruments and books more accessible, and the honest and intelligent physician will use them. In the country, whatever of these means of obtaining useful information are accessible should be used. The

physician who "has no time to read," and "don't want a medical journal," neglects an opportunity for doing justice to his patients, and the fact tells against him in his defence.

Certain Pennsylvania and Iowa decisions, which place the liability of the physician at what the *average* of the profession would do, are very justly criticised by Professor WHARTON. It is not what the *average* would do, "but what an intelligent, responsible, and respectable member of the profession would, under the circumstances, do."

This important distinction must be the guide in judging of such particular circumstances as the use of new remedies, and the frequency of making visits. Utterly to neglect a patient is, of course, to put one's self in the way of the law; but the proper frequency of visits cannot be measured, except as above stated.

It is well settled that if the patient, by refusing to adopt the remedies of the physician, or through inattention to his directions, or similar misconduct, frustrates the endeavors of his attendant, he cannot charge to the physician the consequences due to his own obstinacy or carelessness. But it is to be noted, that if the patient does so injure himself by his own carelessness, it does not at all relieve the physician from his duty to try his best to limit the consequences of such injury, to prevent its repetition, and to be constant in his attendance and warning. The negligence of the patient toward himself nowise excuses the subsequent negligence of the physician. He must strive to make his patient appreciate the folly of disobedience and indifference to medical advice.

Finally, the plaintiff at the time of his action must show *injury* due to want of skill in the physician. It would not be enough, for instance, to say or to show that during his illness he was needlessly injured by an injudicious prescription, or temporarily hurt by a carelessly applied splint. He must show some sort of *existing* disability, the *result* of professional incapacity.

Such, in brief, is the position of the physician before the legal mind; and we trust this brief statement may aid all of our readers in "keeping o' the windy side of the law."

NOTES AND COMMENTS.

Popular Medical Education.

The *Lancet* states that in parts of England a body called The Ladies' Council of Education is doing a good work among the humbler classes, in diffusing, by means of lectures, a knowledge of the laws on which the health and happiness of households so largely depend. The interest awakened on such subjects of discourse as "Preventable Diseases and How to Avoid Them," and the "Muscular System and the Skin," is stated to have been most encouraging, and seems to warrant a hope that the importance of hygiene, and of physiological knowledge in its bearing on social comfort and prosperity, is becoming to some extent recognized by those classes which have hitherto been distinguished by their ignorance and disregard of the most elementary laws of health. Much of this ignorance, both in England and the United States, is directly traceable to the illiberality of medical men and their opposition to popular works on medicine, no matter how properly written.

The Success of the Contagious Diseases Acts in England.

From an official report quoted in the English medical journals, it is satisfactory to learn that in some localities, so strictly are the Acts carried out, that venereal disease would scarcely be known were it not that it is constantly imported by prostitutes who migrate from neighboring towns. Juvenile prostitution in the three towns, Plymouth, Devonport, and Stonehouse, is now almost unknown. When the Acts first came into operation there were more than 600 prostitutes in these towns under eighteen years of age; in 1874 there were only two. The reformatory influence of the Acts still continues very marked.

Last year, including readmissions (for some of the women were attacked by disease more than once), 450 cases were admitted in the hospital. In nearly 100 instances the women, on being discharged from the hospital, returned to

their friends, or adopted some other mode of gaining their livelihood, and were removed from the register. These results were, it is believed, entirely due to the good influences that were brought to bear upon them whilst patients of the hospital.

Not only are the Acts the means of reclaiming large numbers of prostitutes, but, what is even better, they prevent many young girls from entering upon a life of shame. The officers engaged in carrying out the Acts have the brothels always under supervision, and every woman unknown to the police who is seen to enter such a house is followed, spoken to, and warned of the consequences that will follow if she persists in leading a life of prostitution. Young girls are not only warned, but are, if their friends can be discovered, taken to them forthwith. In this way it is believed that more than 200 girls were last year prevented from becoming prostitutes.

Yet, in spite of such evidence, people calling themselves Christians and philanthropists oppose these Acts.

Liquor Chloral Camphoratus.

This new preparation, which is proposed as a substitute for camphor oil, is obtained by reducing camphor to a fine powder by trituration with absolute alcohol, and then mixing with an equal weight of chloral hydrate. The result of the admixture is a clean, colorless, syrupy liquid, possessing the smell and taste of the ingredients which compose it. It cannot be considered a chemical compound, as the addition of water causes separation of the camphor and chloral. According to the *Centralhalle*, a fluid is obtained also if one part of camphor is mixed with two of chloral hydrate, or three of camphor with two of chloral hydrate. It forms a clear mixture with turpentine, chloroform, benzine, etc., but not with solution of ammonia. Rubbed on the skin, it produces a burning sensation. It is said to have been employed with success against rheumatism and toothache, and inhalation of the vapor is recommended to the notice of physicians.

Self-Development of Ova.

Dr. Moquin-Tandon, of Paris, gives some remarakble observations made on the unimpregnated eggs of frogs, showing a limited power of self-development. The process was more rapid than in fecundated eggs which were allowed to develop at the same temperature. Only a small number of the ova presented this evidence of commencing development; the majority died without sign of segmentation. In all cases the phenomena soon ceased, the spherules produced soon separated, and the whole mass began to decompose. Sometimes death occurred after the division into two or four segments, sometimes at a more advanced period, but the ovule never assumed the mulberry look. M Moquin-Tandon points out that the observation establishes incontestably that the ova of vertebrata not impregnated by spermatozoa may pass through the earliest stage of development in certain conditions, the exact nature of which is at present unknown. These facts may be placed beside those of the same kind observed by Bischoff on the sow, by Hensen on the rabbit, by Agassiz and Burnette on fish, and especially with the remarkable fact observed by Oellacher that in fowls kept far from a cock unfecundated eggs undergo segmentation in the interior of the oviduct.

Iodoform Pencils.

Iodoform in fine powder,	10 grammes
Powdered gum arabic,	0.5 "
Mucilage,	q. s.

Divide into 10 equal cylinders, 4 c. m. long; dry in the air.

These pencils are hard, resisting, and capable of being divided into pieces of any length; they should be preserved from light. They are used with advantage against superficial ulcerations of the uterus. They are introduced into the cavity and allowed to remain, being kept *in situ* by a plug of wadding.

Eriodictyon Californicum.

The *Pharmacist* says this hydrophyllaceous plant is the *E. glutinosum* of Bentham and the *Wigandia Californica* of Hooker and Arnott. It is an evergreen, and grows on the rocky barren soil of the Pacific slope, particularly in parts of Mexico and California. From the leaves H. S. Wellcome obtained, by maceration in strong alcohol, 20 to 30 per cent. of a transparent amber resin, having a highly aromatic and somewhat balsamic odor and taste. An aqueous infusion of the exhausted leaves yielded an intensely bitter extract. The plant has long been in use by the Spaniards and Indians as a specific for lung diseases, more especially consumption, for which they aver it

is a certain cure. They call it "consumptive's weed," but it is more generally known as *yerba santa* (holy herb), mountain balm, and, from the fondness evinced by bears for the foliage, bear's weed. Dr. L. H. Bundy, of California, reports cures of severe, long-standing cases of chronic bronchitis by this remedy; pneumonia and rheumatism were also successfully treated by him. An aqueous infusion is said to be used by the native Mexicans as a general tonic.

Writing and Reading.

In looking over our foreign exchanges, which include every language of the civilized world, it is a pleasure to see that American medical journalism is constantly growing in the appreciation of foreign professional men. Many of the articles contributed to this periodical within the last year have reappeared in French, German, Italian, and Spanish costume. The country doctor, who, from his rural home and limited practice, contributes anything new, which is the fruit of a ripened experience, to the columns of the MEDICAL AND SURGICAL REPORTER, may rest assured that in less than six months it will have been republished in from fifteen to twenty scientific journals, and in every cultivated language.

No one is so remote from scientific society, no one so cramped in his sphere of endeavor, but that in the medium of this journal he can reach, directly and through the diligence of framers of periscopes, compends, and abstracts, every reader of medicine on the globe in less than a year!

We urge again and again on our many readers that they should also be *writers!* We know from history, and from a long acquaintance with professional men, that it is more in the thoughtful quiet of country practice than in the haste and superficiality of cities that the great truths, the leading principles of medicine, have been demonstrated. Let not these precedents be lost on our contemporaries, and especially our readers.

Meddlesome Urethral Surgery.

In the *Lancet*, recently, Sir Henry Thompson says, energetically:—"I may be allowed to say, perhaps, that my feeble voice has also been raised against the abuse of instruments from the first day that I ventured to pen a line on the subject, some two or three and twenty years ago. And now I perceive a growing disposition to return to the state of things I have referred to. I note an increased tendency to discover stricture, and especially to undertake a considerable amount of operative treatment for strictures of the slightest kind, and sometimes where, in my opinion, they do not exist. There seems now to be a school which has determined for itself a very high standard of potency in what we hear called the "urethral tube," and which is accordingly said to have, or, if it hasn't, that it ought to have, a calibre of so many parts, and very large parts, of an inch, or millimetres, as the case may be. Instruments of astounding magnitude are produced, and if one of them cannot be drawn, with an ease which contents the operator, through the whole of the urethra, the unlucky patient is pronounced to be the subject of stricture; and probably he is submitted to an operation by no means devoid of risk. Now, I don't know that this fashion has as yet been adopted here, but I do know that it exists elsewhere, and I raise my earnest protest against it."

Treatment of Mercurial and Saturnine Tremor.

Dr. Noel Guéneau de Mussy prescribes for this pills containing four milligrammes of phosphide of zinc. From two to four are given daily, and the tremor is relieved, and even cured, in forty-eight, thirty-six, or twenty-four hours. This treatment is of no avail in alcoholic tremor.

CORRESPONDENCE.

Procidentia of the Gravid Uterus.

ED. MED. AND SURG. REPORTER:—

I was called to see a case of procidentia of the gravid uterus, which I consider of sufficient importance to report for the readers of your valuable journal, from the fact that such cases are rare.

CASE I. I was called to see Mrs. C. S. on the 20th of September last; a German, thirty-six years old, the mother of six children. She had finished a large wash, and while lifting a tub of wet clothes from the kitchen to the yard she felt something give way and slip out of the vulva, which gave her intense pain, so that she had to be lifted from the yard to her bed. This happened at six o'clock in the afternoon, and I saw her the next morning at eight o'clock, fourteen hours after the accident. On examination, I found the greater part of the uterus, with the everted vagina, protruding from the vulva; could distinctly feel the fœtus in the womb,

and upon inquiry the patient informed me that she was more than five months gone with child. From the large size of the organ, it seemed impossible that such a mass could be reduced back to its proper position. The uterus was dry, and exceedingly tender and painful to the touch. I elevated the hips with pillows, anointed the parts with sweet oil, and for more than thirty minutes, with careful manipulation, failed to reduce the protruded mass. I then ordered the patient upon her knees and elbows, and with the greatest difficulty, after forty minutes of hard work, with gentle pressure, succeeded in pushing the gravid uterus above the arch of the pubis. I enjoined absolute rest, in the recumbent position. At the end of two weeks, applied Meig's ring pessary; and as it gave the patient so much relief from the bearing-down sensation, I permitted her to get out of her bed and go about the room; and at the end of six weeks, as the ring pessary supported the womb perfectly, and the uterus was well above the pubis, I permitted her to resume her household duties, which she continued to perform without any further trouble until her confinement, which occurred on the 27th of last January, and resulted in the birth of a female child weighing six pounds. After her delivery, I enjoined perfect rest in bed for five weeks. The patient is now attending to her daily household duties, apparently cured of her procidentia. From what I could learn of the history of this case, she had never before, with any of her previous pregnancies, had any symptoms of prolapsus, and in the present case, said she had enjoyed perfect health up to the time the accident occurred while lifting the large tub of wet clothes from the kitchen to the yard, which resulted, to use her own words, in the sudden giving way of her insides, and the protrusion of the womb from the vulva. As I had never seen a case of the kind before, it induced me to look up the works on obstetrics and diseases of women, to get some light on the subject. I found that prolapsus during pregnancy may occur, but procidentia is a very rare occurrence.

Cazeaux says an incomplete or complete prolapsus may occur during pregnancy, as well as in the non-pregnant condition. The complete prolapsus, that in which the entire body of the uterus is external to the genital parts, and hangs between the thighs, is extremely rare. It were wrong, however, to deny its possibility, since it is proved by a case reported by Vimmer. Robert Lee says partial and complete prolapsus may take place both in the early and later months of pregnancy, but it is not a common occurrence. "In a case," says Dr. Lee, "which occurred to me ten years ago, the greater part of the uterus, near the full period, with the everted vagina, had escaped through the outlet of the pelvis. The uterus and vagina were restored to their natural position, and the labor was natural."

Dr. McClintock, in his work on "Diseases of Women," reports the case of a woman admitted into the Dublin Lying-in Hospital with a complete procidentia of the uterus, more than six months gone with child. The uterus was gently replaced. Four days afterward labor came on, and she was delivered of a living child. She finally went home cured of the procidentia.

Burns speaks of a remarkable case of procidentia of the gravid womb where the whole uterus was protruding, and reduction was not accomplished till after delivery; he also speaks of a cast of a large procidentia in the gravid state in the great hospital at Rome. Byford says:—"I once saw the fœtus pass out of the os uteri after the head, covered with the uterus, had been expelled from the pelvis." Bedford, Thomas, Chailly, Miller, Hodge, Hewit, Leishman, West, Meigs, Simpson, McGune, Ramsbotham, say that procidentia in the gravid uterus may occur, but do not speak of ever having seen a case.

Montgomery, in his work "On the Signs and Symptoms of Pregnancy," relates a case which happened in the practice of the great Harvey, who gives us the following account of the matter:—

"And now at this time, it (the prolapsed uterus) was large, and dangling between her legs. It grew at last bigger than a man's head, being then a hard tumor, and hanging down to her knees, and was so painful that she could not go but upon all fours. I did suspect it to be a cancer of the womb, and therefore did bethink myself of a ligature and cutting it off; but the following night, an infant perfectly shaped, of a span long, was cast out of the tumor, but it was dead."

Rufus K. Hinton, M. D.,
1406 *South Eighth street, Philadelphia.*
March 24, 1876.

News and Miscellany.

A Healthy Season.

Dr. Snow, of Providence, says, in his report for March:—

"These figures indicate a remarkably good condition of the public health during the first quarter of the present year, the number of deaths being 106 less than in the corresponding period of last year, a decrease of 21.7 per cent."

The same remark is applicable to this city. Though the increase in population this spring has been large, the actual number of deaths each week has been less than during the corresponding period last year.

Some deaths (ten to twelve) are noticeable from small-pox each week. This indicates neglect of proper precautions.

Dr. Vleminckx,

President of the Belgian Academy of Medicine, died lately, at the age of seventy-six. He had been President of the International Medical Congress which met in Brussels last year. During thirty-four years he had been Inspector-

General of the Medical Service of the Army, and introduced many improvements into it. As a politician he was a staunch but cautious Liberal, and he enjoyed much consideration in the Chamber of Representatives, of which he was, up to the time of his death, one of the members for the *arrondissement* of Brussels. According to his last wish, his funeral will have a strictly civil character, "without priests and without soldiers."

Medical Autographs.

At the sale of a valuable collection of autograph letters and literary documents formed by the late Mr. W. T. B. Ashley, which was disposed of by auction, on the 17th of March, in London, there were several from members of our profession, especially a long and deeply interesting one from John Hunter, occupying four pages 4to. For this precious document there was a sharp competition between Mr. Stone, of the College of Surgeons (whose collection is already large in Hunterian documents) and an American gentleman, to whom it was knocked down for the large sum of seven guineas and a half, the former stopping at seven guineas. The excessively rare autograph of Harvey, the discoverer of the circulation of the blood, attached to a defective warrant, was purchased by Mr. Nayler, for £3 10s.

Wisconsin Board of Health.

We are apprised by a correspondent that the State of Wisconsin, by its Legislature, has passed a law creating a State Board of Health, and has appropriated $3000 to that purpose. We are ashamed to be obliged to add, that the bill for the same purpose before the Legislature of this State has failed to pass.

Personal.

—Dr. Israel G. Atwood, of New York city, died March 8th, from the effects of excessive inhalation of chloroform. Dr. Fleming, of West Thirty-first street, stated that he had been called to attend Dr. Atwood two days previous, and found him completely prostrated by the influence of the drug. He ascertained that Dr. Atwood had been addicted to the use of the drug for the past five years, and had been under its influence for the preceding fifteen days. His purpose in taking the drug was to allay fits of mental excitement, to which he was frequently subjected. He was fifty-five years of age.

—The American delegation to the International Congress at Brussels desire to acknowledge special courtesies from Drs. Edward Seguin, of New York; Henry Collignon, of Brussels; and Alex. Ogston, Surgeon to the Aberdeen Royal Infirmary, Scotland.

—Dr. J. B. Edwards died in Chicago, Illinois, in February, in the 38th year of his age. He was a graduate of Buffalo Medical College, and a successful physician.

QUERIES AND REPLIES.

Is there any better way to make a strong syrup of Tolu than the one laid down in the United States Dispensatory? I wish to make a syrup holding from six to ten grains to the drachm. How can it be done? Obediently yours, A. H.

Will some experienced reader of the REPORTER please state whether he knows of any curative treatment for *True* Tubercular Meningitis of childhood? Are there any authentic cases of recovery recorded? I have been so unfortunate as to have had a number of cases, and they have invariably died, in spite of the early treatment with potassa iodide and bromide, belladonna, ergotine, etc.

I would be glad to hear the experience of older members of the profession on the subject.

Wisconsin. W. H. V.

Can you or any of your subscribers give me a recipe for making hair dye that does not contain lead or other deleterious ingredient? Very truly,

WM. H. C.

[We invite suggestions].

Fidelis.—The following prescription has been recommended as a restorative after alcoholic excess:

Recipe.	Pot. bromide,	half a drachm
	Spts. am. aromat.,	two drachms
	Inf. gent. co.,	six ounces.

Sig. Half an ounce three or four times a day.

MARRIAGES.

HYDE—SEARING.—On Thursday, April 6th, at the Church of the Holy Saviour, New York, by Rev. A. B. Carter, Harry Hyde and Hannah H., daughter of Dr. G. N. Searing, both of Hempstead, Long Island.

KITHCART—BUSEY.—On Tuesday evening, March 28th, 1876, at St. Mary's Cathedral, Covington, Kentucky, by Rev. John A. McGill, Dr. N. I. Kithcart, of Columbia City, Indiana, and Miss Emma C. Busey, of Cincinnati, Ohio.

WILKINSON—THOMAS.—In Claremont, Vermont, March 20th, by Rev. Levi Rodgers, Dr. F. C. Wilkinson and Sarah B. Thomas.

DEATHS.

COOPER.—On the 24th ult., at Trenton, N. J., Emma, wife of Dr. Isaac Cooper.

GARDNER.—In this city, on Friday morning, April 7, Augustus Kinsley Gardner, M. D., aged 54 years.

GRIER.—At Washington, D. C., suddenly, on Friday, March 31, Margaretta, wife of Dr. William Grier, Medical Director U. S. N., and daughter of the late Colonel John G. Watmough.

HAMILTON.—In Newport, Vermont, March 6th, Clara F. Fuller, wife of Dr. M. T. Hamilton, aged 22 years, 7 months.

HAMMOND.—Of apoplexy, April 5, at his residence, near Spring Valley, Rockland County, New York, Gerard B. Hammond, M. D., aged 48.

HITCHCOCK.—On Tuesday, April 4, at her residence, No. 51 East 30th street, Mary A. Mack, wife of Dr. H. M. Hitchcock.

ORR.—In Cincinnati, Ohio, on Monday evening, the 3d instant, of acute bronchitis, Spencer Grandin, infant son of Dr. G. B. and Anna Orr.

QUICK.—In Phœnixville, Pa., on Tuesday, 21st ult., Dr. Lavington Quick.

THE

MEDICAL AND SURGICAL REPORTER.

No. 999.] PHILADELPHIA, APRIL 22, 1876. [VOL. XXXIV.—No. 17.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

COMBINATION OF THE CUTANEOUS AND MUSCULO-CUTANEOUS PLANS OF AMPUTATION.

BY J. P. M'GEE, M. D.,

Of Trenton, Tenn.

In the *Half-Yearly Compendium of Medical Science*, for January, 1876, page 257, in an article taken from the *Medical Times*, of August 7th, 1875, Professor D. Hayes Agnew describes, gives the reasons for, and advantages of, the plan above indicated.

During the late war between the States, at the battle of Jonesboro, Georgia, in November, 1864 (now nearly twelve years ago), at the field infirmary of General Cheatham's division, of which I was in charge, we were forced to make several amputations. The reasons for the "combined" plan, so clearly given by Professor Agnew, had often presented themselves to my mind, though I had not known it performed.

A private soldier was brought in, requiring amputation of the right leg at the point of election, and I determined to make the experiment of what I deemed, not a new operation, but a modification of a very old one.

Accordingly, assisted by Surgeon J. L. Alston, now of Haywood county, Tennessee, and in the presence of Chief Surgeon Frank Rice, and, I think, Brigade Surgeon R. W. Mitchell, both of Memphis, Tennessee, I performed the operation, as follows:—

The anterior flap was made and raised as is usual in the double flap amputation at this point. Then an oval flap was made posteriorly, cutting through the skin and integuments, down to the muscular fascia. I did not "raise" or dissect up this flap at all, but, seizing the limb just above the flap, retracted it as far as possible, transfixed the leg, and cut the muscular portion of the flap from within outward, shaving close along the edge of the integumentary flap, leaving no pouting redundancy of gastrocnemius and soleus to be sliced off or "retrenched," as Professor Gross would express it, before dressing the stump. I found this mode quite as easy as the old, and easy and proper coaptation of the parts effected with unusual facility.

This man was sent by rail the same day to the permanent hospital in the rear, so that we knew nothing more of the case. This plan of operating, however, seemed to offer such evident advantages that I determined to adopt it in future, as did also Surgeon Ashton, I think.

Afterward, during the war, as well as since, I have had many opportunities to test it and observe its advantages, and can state that each trial of it since its first performance in November, 1864, has convinced me still more strongly that the "combined" plan possesses all the solid advantages claimed for it by Professor Agnew, besides being, in certain localities, much more easily and quickly executed.

From my experience and observation of it, however, I am clearly of opinion that it is much better adapted as a modification of the "double flap" than of the circular method, and must be pardoned for thinking that, as a rule, it is better to retract rather than to dissect up to an distance the integumentary flap.

Though strongly impressed with the material advantages of the modification, it had never occurred to me to publish it; and I am glad I did not, since it is now presented to the profession under the great name of one of the most learned, skillful, and eminent of American surgeons. I do confess, however, to a certain satisfaction and pride in being able to bring to the support (if it be any) of Professor Agnew's article an experience with this "combined flap," reaching over eleven years.

VERATRUM VIRIDE AS A REMEDIAL AGENT IN PNEUMONIA.

BY W. W. ALEXANDER, M. D.,
Of Athens, Tennessee.

This disease, which is unusually prevalent this season in many localities, is usually ushered in with a severe chill or rigor, and may or may not be preceded, for several days, by a feeling of lassitude, catarrhal symptoms, cough, etc., when, if absolute rest is enjoined and other prudent measures taken, serious pulmonary trouble may be avoided; but, as a general thing, the aid of a physician is not sought until the alarm occasioned by grave symptoms prompts the call.

The doctor, upon his arrival at the bedside, will usually find a rasping and hurried respiration, a quick, and often strong pulse, circumscribed redness of one or both cheeks, brown or bloody sputa, jactitation, anorexia, a sense of oppression about the chest, rather than pain, except during a full inspiration, or the effort to make one, a change of position, or while coughing, unless the *pleura* be involved, which is frequently the case, when the pain is not only more constant but sharp. But the purpose of the writer is not so much a disquisition upon a malady with which most of the readers of the REPORTER are presumed to be familiar, as to commend the controlling influence exerted upon the inflammatory stage by the judicious employment of *veratrum viride*. This potential drug has become our chief reliance in *pneumonitis*, and diseases of that type. We have used fluid extract and also Norwood's saturated tincture, most frequently the latter, which according to the formula of Dr. Norwood we mix with syr. scil., equal parts, agitating thoroughly in a pint vial, and labeling with the word CAUTION plainly written above the directions. For an adult we prescribe six to eight drops, commencing with the minimum dose, and generally increasing, if necessary, every two hours to four hours, according to the urgency of the symptoms, until the maximum dose has been reached (we never allow the patient to have more than eight drops unless administered by our own hand; while watching the effect we once gave ten drops in two consecutive doses, with good effect and no unpleasant action), which we continue until the pulse falls, the skin softens, and the heat subsides, or other manifest improvement, such as placidity of countenance, easy respiration, and subdued color, etc. We invariably direct the suspension of the medicine for a few hours, should it occasion vomiting, and upon its resumption a reduction of the dose. If nausea or perspiration occurs during its administration, we reduce the quantity or lengthen the intervals between doses, and discontinue it entirely when all inflammatory symptoms have disappeared, which we are often able to do in two or three days.

We usually precede the exhibition of the veratrum viride by a mercurial cathartic, unless contra-indicated. We often follow it with a syrup extemporaneously made by boiling a half ounce of senega roots in a pint of water for twenty minutes; we sometimes add to the senega a drachm of squill and as much or more of liquorice root or extract; while the decoction is hot, we dissolve two drachms of muriate of ammonia in it, and sweeten with honey or loaf sugar after it is strained or poured off from the dregs. Of the senega syrup we direct a tablespoonful at intervals of two hours while the expectoration is viscid and difficult. In some cases milk punch will be found useful; when there is much prostration we sometimes prescribe, with advantage, one spoonful of spirit frumenti to two of new milk, and direct one tablespoonful of the mixture, combined with loaf sugar, to be administered at intervals of two hours, if it should agree with the patient, which will be known by its effects; if useful, it will add to his comfort, but if it creates or increases restlessness, causes the head to ache, or is offensive to the stomach, it should be discontinued. Wine whey may sometimes be substituted. We generally restrict the diet to milk, corn gruel, rice water, flaxseed-tea or mucilage of slippery elm or gum arabic; after the fever is subdued we allow animal broth, though the milk diet may be safely continued until con-

valescence is established; then buttered toast, roasted Irish potatoes mashed up with a little salt and butter. After the bowels are thoroughly evacuated we do not often care to have an action oftener than once in forty-eight hours, unless specially called for by persistent fever and great restlessness, furred tongue, etc. We prefer as an aperient small doses of castor oil, adding a few drops of oil of turpentine to each dose of oil, to prevent the oil colicing. The juice from stewed fruit is often grateful to the patient, and may generally be allowed in moderate quantity. The substitution of buttermilk for sweet milk, in some cases, may be admissible. For the cough, which sometimes lingers, a syrup made of the bark of the sycamore tree, made by boiling an ounce of the fresh bark in a pint of water, and adding loaf sugar or honey sufficient to make a syrup, is good and very palatable. A little ipecac, morphia, etc., may sometimes be advantageously added to the syrup; without these additions it may be taken by the spoonful, *ad lib.*, when the cough is troublesome. During the progress of the malady, at any stage, we are in the habit of prescribing pulv. Doveri in five or eight-grain doses during the night-time, repeating after four hours, if necessary, to secure sleep, unless contra-indicated by constipation or head symptoms.

We sometimes add a grain or two of calomel to the Dover's powder, if called for by a bilious condition. Blisters are frequently of much benefit. They should be large enough to cover the affected lung or lungs, and rarely ever be resorted to until after the acute symptoms have been subdued. If a stitch or pain remains after convalescence is established, croton oil liniment will be of much service. When there is bronchial irritation, the hoarseness and cough will often be promptly relieved by a good crop of pimples over the upper part of the chest, which may usually be brought out by two or three applications of the liniment. Local depletion with cups and leeches is often beneficial in the congestive stage, and warm poultices or dry heat, conveniently applied by filling a sack or stocking leg with hot salt or meal, will greatly promote the comfort of the patient; so, at some stages, will hot tea.

We formerly relied chiefly upon the lancet in the treatment of pneumonia, if summoned early, and we think we have sometimes jugulated the disease in the congestive stage; but we believe the injudicious use of this potent and often doubtful remedy sometimes *jugulates* the patient. We should not like to promise never more to bleed a case of pneumonia, but we do earnestly and conscientiously recommend, as a substitute for the lancet, in all cases when there is any doubt about the propriety of general bleeding, the veratrum viride. We have treated more cases of pneumonia this season than usual. We have pushed the veratrum in every case. We have not thus far used the lancet in a single case this year, except in one of apoplexy; nor have we cause to regret our reliance upon the veratrum, not having lost a case of pneumonia this season. It has been our chief reliance in the treatment of acute inflammatory diseases; our sheet anchor in pneumonia.

SCARLATINA COMPLICATING RUBEOLA.

BY R. C. TALBOT, M. D.,

Of Pittsboro, Indiana.

We are taught that no two diseases of an exanthematous character (or I might say zymotic) will manifest themselves at the same time, on the same person. But the cases of which I shall endeavor to give a brief history do not concur with that theory. Hence, I have hesitated to report them, as I thought many would doubt the truth of my statements. Yet such are facts, but cannot be proven to the profession, as they were not seen by any other physician until later in their course, when they were seen by Drs. Eastman, of Brownsburg, and Brill, of this place.

Jan. 17th, 1875. I was called to the house of J. H. at 8 P. M.; was requested to examine and prescribe for Nettie H., a bright girl of about 11 years. Had been sick for about twenty-four hours, with the following symptoms:—Fever; nausea, with some vomiting; slight sore throat, with chilly sensations; tongue coated; bowels acting very well; no appetite, and some thirst. In the same room was Mollie H., another bright girl of 9 years, who, the parents told me, was just getting over measles. She had sore throat and swelling of glands of the neck, and as they thought she was better, I paid no heed to that, as we were having an epidemic of measles, in which the sore throat symptoms were quite prominent. Prescribed for Nettie in doubt, as they had both been exposed to the contagion of measles at the same time.

Jan. 18th, Nettie was worse, with diptheritic deposit on throat and a slight dusky hue on back; Mollie was worse, with the same kind of deposit on the throat, and quite an amount of glandular enlargement, with a general redness of skin, not differing much from skin as measles eruption begins to fade. I diagnosed scarlatina, but was still in some doubt, as I could hear of no other cases near, and there was plenty of rubeola.

Jan. 19th, Mollie was about the same, and Nettie was worse, with glandular enlargement of neck and throat; also the scarlatinal eruption well marked; I saw these cases each day, and there was slight improvement for a day or two, when both grew worse, Nettie having all the characteristic symptoms of first stage of rubeola, with the appearance of the eruption of this disease before the scarlatinal eruption entirely faded.

The desquamative stage was well marked in both cases; also both had suppuration of ears and glands of neck; and both had albuminuria; Mollie dying on the thirtieth day from time of first visit, and Nettie on the thirty-first; Mollie with uræmic convulsions and Nettie with hemorrhage from ears, nose and bowels; blood being thin, and not coagulable.

George H., aged 6 years, had rubeola well marked, and before the eruption faded the eruption of scarlatina appeared, filling the interspaces of the patches of measles eruption. He also had suppuration of glands of throat and ears, followed by albuminuria, but recovered after a long illness. I cannot exclude scarlatina from either of these cases, and rubeola was well marked in two; the first case I did not see early, but think she had rubeola, from the history and the length of time before desquamation, after scarlatina. These are, to me, interesting cases, and I would be glad to hear from the profession on the subject.

I will just say that the boy had the diptheritic deposit, and that the parents, all of same family, both were confined to bed with the same kind of sore throat, without the scarlatinal eruption, except in soft palate and throat.

—During the past month 227 patients have been treated at the Episcopal Hospital, and of this number 82 were discharged cured, 25 improved, and 2 unimproved. There were 3 deaths during the month, leaving 115 now under treatment. 2604 patients have been prescribed for at the dispensary for out-door patients.

Medical Societies.

COLLEGE OF PHYSICIANS OF PHILADELPHIA, MARCH 1st, 1876.

The meeting was opened at the usual hour by the reading of a paper on the

Excision of the Knee and Amputation of the Thigh for Disease of the Knee Joint,

by John Ashhurst, Jr., M. D., Surgeon to the Episcopal Hospital and to the Children's Hospital; Consulting Surgeon to St. Christopher's Hospital and to the Hospital of the Good Shepherd, Radnor.

After reciting the details of fifteen cases which he had treated, he passed to the general principles involved, as follows:—

The remarks which I have to offer may be put in the form of answers to the following questions, viz.:—

I. When should the surgeon abandon expectant measures in the treatment of knee-joint disease, and what may be considered the indications for a resort to operation?

II. Operative interference having been resolved upon, how shall the surgeon decide between excision and amputation?

III. When an attempt is made to save the limb by excision, how shall the operation be performed, and what shall be the after-treatment?

I. In order to give an intelligent answer to the first question, it is necessary to consider what are the prospects of recovery without amputation, and what the condition of the limb is likely to be if such a recovery can be obtained. To no class of diseases is the maxim "obsta principiis" more applicable than to joint affections, for if carefully treated from their beginning they seldom terminate badly. Of course, I am not speaking now of *wounds* of joints, for they are always very serious injuries, and too often end, even under the most favorable circumstances, in the loss of life or limb. But, in their early stages, inflammatory affections, of even the largest joints, whether following upon contusions or sprains, or of non-traumatic origin, are usually quite amenable to treatment. No doubt in some few cases there is such a constitutional predisposition to destructive bone-and-joint disease that, from a very slight cause, very serious consequences may ensue: thus, some years ago, a boy was under my care, who, from a fall on the ice, received a contusion of the elbow, followed, in a few days, by suppuration of that joint, and then by acute necrosis of the humerus and pyarthrosis of the shoulder, and whose life was barely saved by amputation at the shoulder joint; but such cases are happily exceptional, and, in a large majority of instances, if the patient can be at once put under careful and judicious treatment, a favorable result will follow.

But, unfortunately, these cases at first seem so trivial that they are too commonly neglected

until the disease is far advanced. A distinguished American surgeon, referring to his own case, spoke on one occasion of the time when he had the misfortune *not* to break his leg; had he sustained a fracture, he would have taken care of himself, and would have been well in a few weeks, but by neglecting a sprain he entailed upon himself a much longer period of disability. And so it happens that, in many (perhaps half) of the cases of joint disease which are brought to our hospitals, the time has already passed during which treatment, to be most efficient, should have been employed. Thus, of the ten cases of knee excision which I have reported to-night, in only one had the disease lasted less than one year, the duration in the other cases ranging from one to six years. I do not deny that, in some of these cases, recovery might perhaps have been eventually obtained without operation; but what kind of recovery would it have been? We do, indeed, meet men and women hobbling about on crutches, with knees bent, and limbs withered and deformed, and such results may, doubtless, in a certain sense, be called spontaneous cures; but what is here claimed is, that the limbs preserved by expectant treatment in these advanced cases of joint disease are inferior to the limbs secured by the conservative operation of excision, and little if any better than no limbs at all.

I have dwelt upon this point at some length, because I believe that there are still many members of our profession who look upon excision of the knee joint as a remedy of doubtful excellence, and who think that cases not bad enough for amputation should not be operated on at all.

In deciding whether an operation is required in any particular case of knee-joint disease, the surgeon must consider the age and general condition of the patient, the duration of the affection, and the stage to which it has advanced.

As regards *age*, no operation should, as a rule, be performed in cases occurring in very young children No doubt in some rare instances the life of the patient may be in danger from exhaustion produced by an inflamed and suppurating knee joint, and in such cases the surgeon must choose the least of two evils, and remove the source of irritation by amputating the limb. But in the large majority of cases it is better to temporize, to put the part in as good a position as possible by straightening the limb, dividing tendons if necessary, and, as it were, patching up the joint until the patient reaches an age when operative interference can be adopted with a better prospect of success. Excision of the knee is not a very successful operation in quite young children; these suffer more from confinement than those who are older, the restraint necessary during the after-treatment is more irksome to them, and they are, I think, more liable to the insidious development of tuberculous and other constitutional diseases. My own rule has been to postpone operation until the child has attained to at least the age of five years, and those cases which I have seen operated on by others at an earlier period of life have usually done badly. Again, in persons past the middle age, unless amputation is positively required to rescue the patient from impending death, it is better, as a rule, to avoid operation. The mortality after excision is so great in these cases that prudent surgery would, it seems to me, under such circumstances, dictate rather to take the chances of a cure by the efforts of nature, than to attempt to hasten recovery by operation.

The most favorable age for excision of the knee, as regards life, is from five to ten; but there is more risk then of consecutive shortening than at a later age, and the occurrence of bony union is perhaps obtained with more difficulty; hence the period of puberty is probably, upon the whole, that which may be considered to furnish the most favorable results.

In considering the *general condition* of the patient, when the question of operation arises, the surgeon must remember that these are essentially chronic cases, and that there can seldom be any justification for haste in operating, when by delaying a few weeks, or even months, the patient may be placed, by constitutional and hygienic treatment, in a more favorable condition to sustain whatever operation may be necessary. The presence of visceral disease, whether of the lungs or abdominal organs, must usually be considered a positive contradiction to excision, and under these circumstances, unless the local condition of the knee render amputation imperative, no operation should, as a rule, be performed. On the other hand, if the patient presents no evidence of visceral disease, and the general health seems to be directly suffering from the irritation arising from the diseased joint, the timely removal of the source of disturbance, either by excision or amputation, may prove the starting-point of rapid convalescence.

The *duration of the malady* must be considered by the surgeon in any case of knee-joint disease before deciding upon the propriety of an operation. I am not one of those who hold that a surgeon is bound invariably to wait a certain number of weeks or months to give, as is often said, a "fair trial" to other treatment before recommending an operation, for I believe that a thorough knowledge of the course and natural history of the disease will often enable him to say at once whether any particular case can or cannot be benefited by expectant measures. In their early stages, as I have before remarked, these knee-joint affections are quite amenable to treatment, and hence, putting out of the question some few cases of very rapid articular disorganization in which amputation is required (such as Case XIII), a judicious surgeon would, in cases of recent origin, endeavor to obtain, and would probably succeed in obtaining, a natural cure by placing the joint in good position, and at rest, by relieving intra-articular pressure by the use of continuous

extension, and by combating the morbid process by careful constitutional and local treatment.

And here let me digress for a moment to reiterate my profession of faith, so much objected to by my distinguished friend, Prof. Sayre, of New York, that these chronic joint affections, though unquestionably local diseases, are not of exclusively local origin, and that they require constitutional as well as local treatment. Would, I repeat, that another Abernethy might arise among us, and direct our attention once more to the Constitutional Origin and Treatment of Local Diseases!

In a recent case, then, an operation can seldom be required; on the other hand, if the disease has lasted many years, the process of natural cure (such as it is) being pretty well advanced, and the patient perhaps past the age at which excision would be likely to prove successful, the prudent surgeon would usually decline an operation, and content himself with straightening the limb either by gradual or immediate extension, then placing it at rest in a suitable splint, and simply aiding nature to complete the cure by anchylosis. But in the intermediate cases (and, as already remarked, these constitute a large proportion of those which come under the care of the hospital surgeon), when the disease has already lasted many months, or even several years, and when, from careful examination of the joint, the surgeon is satisfied that its functions are permanently abolished, an operation may often be properly recommended, as a means both of preventing suffering and of restoring the patient to active life more promptly than can be done by any other mode of treatment.

Even more worthy of consideration than the duration of the disease, is the *stage to which it has advanced;* and it is here to be remembered that the course of these joint affections varies much in different cases. No operation is, as a rule, justifiable as long as the disease is limited to the synovial membrane, no matter how long the patient may have been affected: no man in his senses would recommend either excision or amputation in a case of mere hydrarthrosis. Nor even in a case in which all the tissues of the joint are evidently implicated should an operation be hastily recommended, as long as the integrity of the parts is maintained, and a hope remains that by subduing the inflammation the usefulness of the articulation may be preserved. But when the relaxed condition of the joint, and the occurrence of consecutive dislocation, show that the crucial ligaments and semilunar cartilages have disappeared; when the limb is contracted and helpless, and the patient gives a history of repeated relapses from comparatively slight injuries; or, on the other hand, when the doughy semi-elastic character of the swelling shows the existence of gelatinous arthritis (the typical "white swelling" of the old writers), an operation may be properly resorted to, even though the limb be at the time in a quiet condition. When, in addition, the joint is in a state of suppuration, and, still more, if there be caries of the articular surfaces, an operation may be considered (other things being favorable) as almost imperative.

In saying this I am not ignoring the fact that Mr. Howard and other British surgeons have applied mineral acids to the interior of diseased knee joints, and have recommended this mode of treatment as a substitute for excision. But the results of the new method have not been uniformly favorable, and excision has been found so satisfactory in my own hands that I have not felt tempted to abandon a tried and proved operation for a procedure which at least has not yet been shown to be an improvement.

In may be observed, that in cases of *gelatinous* arthritis an operation may be properly recommended at a comparatively early period; the reason for this is that in the gelatinous form of the disease there is commonly no tendency to a spontaneous recovery; and though in private practice, among the more wealthy classes, such a case may be brought to a favorable termination, in the class of patients met with in hospitals a recovery without operation may practically be considered as out of the question.

II. The answer to my second question has, of necessity, been to a great degree anticipated in considering the first. The choice between excision and amputation must largely depend on the surgeon's belief as to the relative gravity of the two operations, and upon this point I have no hesitation in saying that I regard excision as a much more serious operation than the other. This is not a question to be decided by statistics (though I believe that, if the comparison be fairly made, the result would be found in favor of amputation), for excision is habitually performed in selected cases, while all the rest are reserved for amputation.

It is true that, among my own cases, I have had no fatal result to deplore after excision, though I have had one after amputation; but had all been amputated, the result would have probably been equally good: had all been excised, the mortality would, undoubtedly, have been much larger.

And this is, indeed, the true point of view from which to look upon this question. The surgeon's first thought should, undoubtedly, be of excision (for when successful the result is immeasurably superior to the best result of amputation), but before deciding upon this operation he should weigh well all the circumstances of the case, the age and constitutional condition of the patient, the extent to which the bones entering into the articulation are affected, and the facilities which will be afforded by the patient's surroundings for conducting the after-treatment (often prolonged and wearisome) to a successful issue. If, then, the patient be neither too young nor to old; if there be no evidence of visceral complication; if the disease be sufficiently limited to allow of its entire removal without taking away so much bone as would materially impair the usefulness of the limb, and if the patient be so situated that the question of the

time required for recovery is of secondary importance, the surgeon should choose excision, and by so doing will, probably, succeed in preserving for his patient a limb better than any artificial substitute, and, in most cases, better than could be obtained by the unaided powers of nature. Under opposite circumstances, provided that the case is bad enough to require any operation, amputation should be resorted to, and the surgeon who employs it under such, and only under such circumstances, will not have occasion to regret his decision.

III. A few words must suffice as to the mode of performing knee-joint excision. Of the various incisions which have been suggested for exposing the articulation, three only have acquired general favor, viz.: the H incision, the *horseshoe* or U incision, and the simple *transverse* incision across the front of the joint.

The H incision was first employed by Moreau, has been adopted by Butcher, and is still preferred by some surgeons, including Prof. Hamilton, of New York. Provided that care be taken to make the lateral incisions far back, so as to allow of free drainage, this method anwers a good purpose, and is certainly easier for the beginner than either of the other forms of operation; it, however, makes an unnecessarily large wound, and is, in my judgment, far inferior to the operation by transverse incision.

The U, *horseshoe*, or *semilunar* incision was introduced by Mackenzie, and is now advocated by such high authorities as Prof. Humphry, of Cambridge, Prof. Erichsen, of London, and Prof. Gross, of this city. This method makes a smaller wound than the H incision, but does not afford such free access to the joint.

By far the best procedure, in my judgment, is that originally suggested by Park, in the postscript to his famous letter to Mr. Percival Pott, but which seems to have been first employed by Textor, Kemper of Exeter, and Sir William Fergusson. It consists in making a single transverse incision across the front of the joint, immediately below the patella, the extremities of the wound being carried well backward, so as to ensure free drainage during the after-treatment. When the limb is much contracted, as it often is in these cases, this incision, though made transverse to the axis of the tibia, forms, when the limb is extended, a somewhat obliquely curved wound, with its convexity downward, and thus really constitutes a flap operation. By dividing the ligamentum patellæ, the joint is opened, and the surgeon then proceeds to divide the lateral ligaments, and the crucial ligaments, if any portion of these is remaining.

The next step is to clear the condyles of the femur for the application of the saw, and it is here ordinarily recommended to dissect back all the overlying tissues, including the patella, which is subsequently to be removed from within; but this, in cases in which the parts are much thickened and infiltrated, is a very troublesome business, and when it is accomplished the result is not very satisfactory, for the cavity left by removing the patella almost invariably suppurates, and as a consequence abscesses form and leave persistent sinuses above the wound. Moreover, all that is really needed as a covering for the bone is the skin and subcutaneous fascia, and hence in my more recent cases I have simply dissected these back to the level at which it is meant to apply the saw, and have then cut directly down to the bone, thus removing together the extremity of the femur and the patella, with the diseased tissues by which the latter is surrounded.

For clearing the posterior surface of the condyles, I employ a very strong probe-pointed knife, with limited cutting edge, as recommended by Mr. Erichsen, having, I confess, a strong objection to the use of sharp-pointed instruments in the neighborhood of the popliteal vessels.

For making bone sections, I invariably employ a "Butcher's saw," reversing the blade so as to divide the bone from below upward. I may give a practical hint as to the use of this instrument, which is, that, in sawing in the manner indicated, the blade of the saw should be so fixed that its teeth will point *backward*; in sawing *downward*, the force of the arm is applied in *pushing*, but in sawing *upward*, in *pulling*, and the blade of the instrument should be arranged accordingly.

In removing the articular extremity of the femur, it must be remembered that the internal condyle is situated lower than the external, and that hence the line of section must be parallel to that of the free surfaces of the condyles, and therefore oblique to the axis of the femoral shaft, as otherwise the natural inclination of the limb would not be preserved. As, too, the epiphyseal line is higher in front than behind, a safe rule is that the condyles should be sawn in a plane *which, as regards the axis of the femur, is oblique from behind forward, from below upward, and from within outward.* The tibia should be sawn in a plane transverse to the long axis of the bone, with a slight antero-posterior obliquity to correspond with that of the section of the femoral condyles. In order to avoid interfering with the epiphyseal junction, and thus hindering the future growth of the limb, care must be taken not to remove the whole of the condyles; it is quite sufficient to take away the anterior portion—that which articulates with the tibia in the position of extension—a slice varying from half an inch to an inch in thickness, according to the size of the bone. From the tibia a still smaller portion may be removed, all that is needed here being to obtain a smooth section to be opposed to that of the femur. It is a good plan to snip off the sharp posterior edges of both bones with cutting pliers, so as to avoid all risk of injury to the tissues of the popliteal space.

The bone sections having been made, the surgeon should examine the condition of the sawn surfaces, and deal with any softened or carious patches by the free use of the gouge and osteo-

trite. The same plan may be pursued with any portion of diseased bone or cartilage beyond the line of section.

The next step of the operation is to clip away with scissors curved on the flat, or with Mr. Butcher's "knife-bladed forceps," any shreds of disorganized synovial membrane or ligament, taking care, however, not to disturb the floor of the wound, which should, if possible, be left intact.

The surgeon may next proceed to adjust the resected bones, when, if they cannot be brought into position by any justifiable amount of force, he should divide the hamstring tendons, and if this does not suffice must remove an additional slice of bone.

All bleeding vessels having been carefully secured by ligature, the wound may be brought together by stitches, and the limb adjusted upon the splint which is to be employed during the after-treatment. This adjustment is, I think, best effected while the limb is elevated to nearly a vertical position, there being, under these circumstances, no difficulty in keeping the bones together, while, if brought down to a horizontal line, there is a constant tendency to displacement, from the weight of the leg. The application of the splint should be completed before the patient is allowed to recover from the state of anæsthesia, which should be fully maintained during the whole operation.

Two points still require notice in regard to the operation itself: first, as to the control of bleeding during the operation, and, second, as to the mode of dealing with the patella.

I employ no tourniquet nor other means of interrupting the circulation during the operation; no large vessel is divided, and I believe it much safer to tie each small artery as it is cut than to run the risk (which is by no means only theoretical) of having consecutive hemorrhage from vessels which under temporary compression have retracted, and which do not bleed until the patient becomes warm in bed.

Even if the patella is not itself diseased, it should, I think, be removed; as the after-treatment aims at obtaining bony union, the patella is of no use, and statistics show that the risks of the operation are greatly increased by its retention.

The points specially to be considered with regard to the after-treatment are the choice of a splint, the position in which the limb is to be kept, and the frequency with which it should be dressed.

The most elegant, and altogether the best splint for the after-treatment of knee-joint excisions, is, I doubt not, that known as Price's, which consists of a posterior metal splint, cut away beneath the knee, with an arrangement by which it can be lengthened or shortened, a bracketed wooden external splint to guard against outward bowing (to which there is always a strong tendency in these cases), and a movable wooden foot-piece. The objections to Price's apparatus are its expense and its complicated nature. Butcher's "box splint" has answered a very good purpose in the hands of its introducer, but seems to me unnecessarily cumbersome; and the same may be said of the tin splint, which is, I believe, generally used in Boston. Dr. Watson, of Edinburgh, employs a posterior moulded splint, with an anterior bracketed rod, by which the limb can be suspended.

The splint which I have employed in all the cases upon which I have hitherto operated is based upon that originally introduced into the Episcopal Hospital by my colleague, Dr. Packard,* but with certain modifications which I think improvements. Dr. Packard's is a bracketed splint, the brackets being attached on either side to a posterior wooden splint which is interrupted below the knee, instead of to a side splint, as in Price's apparatus, or anteriorly, as in that of Dr. Watson. The deficiency in the posterior splint is filled by a trap, which, on the suggestion of our fellow-member, Dr. Edward Hartshorne, I have latterly had made, to be lifted in and out, and to be held in place by turn-buttons, instead of sliding, as in Dr. Packard's model. I have also added a movable foot-board, as in Price's splint, which I consider a very important improvement, and one which I observe that Dr. Packard has adopted in his latest published description of his apparatus. I have, moreover, dispensed with the laced-up leather side-pieces which Dr. Packard employs, finding that the limb can be much more securely as well as simply fixed upon the splint with broad strips of adhesive plaster and roller bandages than with these more complicated appliances. To guard against outward bowing of the limb, I have sometimes inserted a short wooden side-splint between the external bracket and the limb, but have latterly found it sufficient, with children at least, to pass a loop of adhesive plaster around the outer side of the limb, and fasten the ends of the strip to the internal bracket. I have not had occasion to employ the ingenious truss-pad arrangement suggested by Mr. Swain. The splint, before it is applied, should be thoroughly padded with cotton-wool, or, which is better, with picked tow, and the limb should be secured in position before the trap is put in.

The great merits of this splint are its simplicity and cheapness; it is, however, necessarily heavy, and, the wood getting saturated with the discharges, after a time it becomes offensive. I have, therefore, devised a wire splint, so arranged as to surround the lower half of the limb, bracketed at both knee and ankle, and provided with a foot-piece, which I purpose using for a patient upon whom I expect to operate in a few days, and which I hope will prove both lighter and cleaner than that which I have hitherto employed.

In what position shall the limb be placed after excision of the knee? Some surgeons recommend a slightly flexed position, believing that a somewhat bent limb is more useful than

* Trans. Coll. Phys. Philadelphia, 2d S., vol. iv, p. 342.

a straight one. This I regard as an error; a stiff *unresected* knee is no doubt better when anchylosed at a slight angle, so as to enable the patient to walk without swinging out his limb like that of a compass; but by excision the limb is necessarily so much shortened as to obviate any risk of this compass-like motion, and consequently the straighter it can be made the better it will be for the patient. I have had the opportunity of comparing the results of both methods in practice, and have no hesitation in deciding in favor of the straight position.

No rule is more important in the treatment of these cases than that the limb should be undisturbed after the operation. The wound, of course, must be dressed daily, but when the splint is once applied there should be no necessity for readjustment until the process of bony union is well advanced; six weeks is none too long for the splint to remain without renewal, and under no circumstances should it be disturbed within the first fortnight. I believe with Price and Swain that a neglect of this rule has been answerable for many of the failures of knee-joint excision. In the later stages of the after-treatment I have found it convenient to replace the bracketed splint by a single moulded pasteboard gutter, made to embrace the posterior half of the limb.

Should, unfortunately, caries or necrosis recur after excision, and render further interference necessary, a re-excision may be properly attempted, or, if this be thought impracticable, life may still be saved by amputation.

A very brief reference to the *statistics* of the operation must conclude this paper. The most elaborate statistics of knee-joint excision which have hitherto been published are those of Pénières, who has tabulated 431 cases of excision for *chronic disease*, the mortality of the whole number being over 30 per cent. The death-rate varies according to the age of the patient, being nearly 39 per cent. during the first five years of life, only 15.5 per cent. during the next quinquennium, then 19 per cent. up to the age of fifteen, 33 per cent. from that to twenty-five, and nearly 43 per cent. for all later periods. Of the whole number of cases, 247, or 57 per cent., recovered without further operation; six, or a little over one per cent., after re-excision; and 47, or nearly 11 per cent. after amputation. In 166 cases (38.5 per cent.), it was known that the patients had preserved useful limbs. These statistics, it must be remembered, include all the early cases, and many which at the present day would not be thought suitable for excision. By care in regard to the selection of cases, and by attention to the after-treatment, much better results can now be obtained.

The statistics of excision of the knee for *gunshot injury* have been particularly investigated by Cousin, Chenu, Lotzbeck and Küster. Cousin finds that 33 cases of total excision have given 28 deaths, or 85 per cent., while 11 cases of partial excision have given 10 deaths, or 91 per cent. Of the whole 44 cases, 38 proved fatal, a mortality of over 86 per cent. Chenu's figures, derived from the records of the Franco-Prussian war, show a still larger death-rate, 37 complete excisions having given 33 deaths, or 89 per cent., and 65 partial excisions 62 deaths, or 95 per cent., the whole 102 cases giving 95 deaths, or over 93 per cent. Lotzbeck's and Küster's statistics, though somewhat more favorable, are still sufficiently gloomy, 66 cases collected by the former writer giving 48 deaths, or nearly 73 per cent., and 101 cases collected by the latter giving 66 deaths, or over 65 per cent. When we compare these figures with the death-rate of amputation in the lower third of the thigh for gunshot injury (55 per cent according to Légouest, 50 per cent. according to McLeod), we cannot, I think, but indorse the dictum of Guthrie, that "wounds of the knee joint from musket balls, with fracture of the bones composing it, require immediate amputation," and conclude that the operation of knee-joint excision should be banished from the practice of military surgery.

For lesions of the knee joint from traumatic causes other than gunshot injury, excision might properly be attempted, if the patient were young and healthy, and the destruction of parts comparatively slight. The number of cases in which the operation has been performed under such circumstances is, however, too small to be of value for statistical use.

After the reading of the preceding paper, Dr. John H. Packard called attention to some points in reference to the splint devised by him.

Dr. H. Lenox Hodge said:—In my cases of excision of the knee I have always used a splint similar to the one exhibited to night by Dr. Ashhurst. In the treatment of excisions of the knee it is of the greatest importance that the limb should be kept perfectly still and firmly attached to the splint. These objects are well attained by means of strips of adhesive plaster applied like a bandage to the splint and limb. Any plan of lacing would be much less efficient, as it would allow more motion, and would be more apt to loosen and to constrict the tissues unevenly. That portion of the splint which is beneath the line of excision should be capable of being removed with the least possible jar to the limb. This object is well accomplished in the splint above alluded to, or by attaching a hinge to one side of the movable piece. A sliding portion with a tongue and groove would be very apt to become tight and difficult to move, by the swelling of the wood from absorption of the discharges.

In addition to witnessing the result in children, as shown by Dr. Ashhurst's patients to-night, it will, no doubt, be interesting to the College to see the result in adults, and I shall take an early opportunity to exhibit two cases, in both of which, after excision of the knee, the limb has proved exceedingly useful. One man does with ease the hard work of a driver of a street-car, and the other does active duty as a night nurse in the hospital.

EDITORIAL DEPARTMENT.

PERISCOPE.

Treatment of Chronic Bright's Disease.

The following is a summary, from the New York *Medical Journal*, of a plan of treatment recommended at the Bellevue Hospital, New York :—

Diet. This class of patients should abstain as much as possible from meat. The opinion has been expressed that the excessive animal diet accounts for the great prevalence of the disease in America. Milk should be substituted for meat, and should be associated with lime. Butter may be used; eggs, if they agree, and fresh fish in the morning. Fried fats should be carefully excluded, but cream may be taken without stint. Vegetables and fruits are *always* good, but those should be selected which contain the least amount of woody fibre. Rice and potatoes, therefore, may be used, but asparagus, turnips, cabbage, and notably beans, which contain woody fibre in large quantities, should be assiduously avoided. Onions may be eaten with impunity, and are rather beneficial.

For the Anæmia, iron should be administered from the first to last, and by preference, the tincture of the chloride. This preparation is assimilated with difficulty, hence should not be given alone, but combined with nux vomica, and to this spirits of nitre may be added, to assist the determination towards the kidneys. For example, ten drops of the tincture of the chloride of iron, ten drops of tinct. nucis vomicæ, and one drachm of sweet spirits of nitre, may be given three times a day. Cod-liver oil increases the red corpuscles of the blood, because it is digested by the liver, and the product enters into them as an ingredient. The irritability of the stomach may make it troublesome to take, but it should be relied upon as much as in the treatment of phthisis.

To Combat the Disease Itself, we have one agent which may be regarded as a specific against increase of connective tissue in the body, wherever the interstitial inflammation may occur, and that is the bichloride of mercury. It should be given in small doses, one-twentieth of a grain is the usual amount, and should be combined with a diuretic, to make it act upon the kidneys. For example, one-twentieth of a grain of the bichloride, one grain of digitalis, and one grain of quinine may be given three times a day, with the result of producing a specific action upon the kidneys, and will *raise* the specific gravity of the urine.

Attention to the Condition of the Skin will materially assist the embarrassed kidneys, and to do this we may have recourse to two things. If excessive œdema is present, the pressure produced shuts off the circulation to a great extent, and prevents removal of the fluid by diaphoresis. It is much better then to make punctures in the distended skin of the legs, and let the water drain away at once. No apprehension need be had with reference to this trifling operation, if the limb, when the punctures have been made, is wrapped with cloths wet in a solution of carbolic acid in water, to which has been added essence or oil of cinnamon. The latter is to correct the smell of the carbolic acid, and is also equally antiseptic. The second thing is, to rub the patient all over once a day with sweet oil. If extra diaphoresis is desirable, it can be best obtained by placing a blanket in an empty bucket and pouring hot water upon it, for in this way much less water is required, and then wringing it out and quickly applying it around the body and covering it with a dry blanket. The skin should be well oiled before the blanket is applied.

Scarlatinal Ear Disease.

This subject is one of such constant interest that we quote from the Edinburgh *Medical Journal* the following remarks upon it, by Dr. J. P. Cassells, M. R. C. S. :—

Scarlatinal ear disease, the most destructive of all the ear diseases, and the one most frequently met with in general practice, arises out of the naso-pharyngeal affection, which is so marked a complication of this exanthem The propagation of this congestion along the Eustachian canal, into the cavity of the tympanum, and thence to the mastoid cells, must have been frequently witnessed, even by practitioners not specially interested in the practice of this department of our art. When this, the initial step in the causation of the ear disease, has taken place, its progress and development proceed with extraordinary rapidity. The Eustachian canal, as a result of this tumefaction of its tissues, becomes concentrically closed; in consequence, there is a rapid increase in the congestion of the tympanic lining membrane, owing to the disturbance which a closed Eustachian tube causes in the balance of the tympanic air-pressure. Inspection of the membrana tympani, at this stage, shows it to be, in general, unaffected by the congestion of the tympanic lining membrane. The temperature of the patient, at this period, is considerably increased toward evening, without a corresponding fall in it in the morning; there is much restlessness, rolling of the head, and more or less delirium, generally out of proportion to the violence of the general febrile attack. If now the interior of the ear is examined, the membrana tympani being still unaffected, except in a very slight degree, by the general congestion, it is generally possible to recognize through it the

deeply purple-colored tympanic lining membrane. As yet, there is no effusion into the cavity of the middle ear, although its flow is imminent. Up to this point in the progress of the malady it is possible, by the timely use of the knife, to bring about resolution of the diseased action; failing in this favorable and more desirable termination, the certainty nevertheless remains, that, by this means the disease is deprived of its power to commit damage. This stage in the treatment of the disease I call that of resolution and prevention.

The next step in the onward progress of the affection is more characteristic, is surrounded with more risk, and is of shorter duration than the preceding one; and because the resolution of the disease is no longer attainable, nor all the dangers to which it gives rise preventable, as they were in the earlier stage, I have named it the stage of preservation or cure. It is now that, owing to a marked increase in the hyperæmia of the tissues, and a diminution of the support usually afforded to the engorged vessels, there takes place an exosmosis of serous-looking fluid, which speedily fills the tympanum and mastoid cells. The pressure from this accumulation, constantly increasing as the fluid becomes greater in quantity, causes, at last, ulcerative absorption of one or several points in the parietes of the tympanic cavity, or mastoid cells; a process, I may remark, that goes on with astonishing rapidity, and, as may readily be supposed, leads to serious consequences. Indeed, the future of the case is determined, in a great measure, by this process, and the nature of the tissue in which it is set up; if it is the membrana tympani alone that suffers from the destructive process, less danger, both present and prospective, is likely to follow, than where the bony wall is broken down or perforated. The general symptoms from which the patient suffers, in this stage of the disease, are much graver than in the former one; there is, usually, agonizing pain complained of in the intervals of freedom from this symptom; there is often wild delirium, and not seldom a state of coma, due to the pressure of the effusion upon the labyrinth. Pain, as a symptom, however, is not, by any means, a constant one; when it is present, it usually indicates periosteal or meningeal hyperæmia. If the membrana tympani is now inspected, it will be found no longer possible to see the purple-colored lining membrane of the tympanum, by reason of the changes which have taken place in the membrana tympani itself It is now of a bottle-green color, with more or less bulging outward; or it may assume a yellowish color, if the contents of the tympanum have degenerated into pus.

It is in this stage of the disease that aural surgery, as a preservative, displays its advantages over the *laissez-faire* method of treatment. A free incision through the bulging membrane gives exit to the fluid, and arrests the destructive processes that may have been set up in some vital part of the organ. On the other hand, when the nature of the case is unrecognized, nature relieves herself by discharging the pus (happily for the patient if it be through the membrana tympani), with no other damage to the organ, even though a life-long otorrhœa is the consequence.

Inoculation of Diphtheria.

The *Lancet* says, on this subject, that the experiments of Trousseau and Peter were quite inconclusive. Trousseau dipped a lancet into some false membrane recently expectorated, and made punctures with it on his arm and on the velum palati. Peter made three experiments: in the first he allowed a small piece of false membrane, coughed up during tracheotomy, which lodged in his eye, to remain there, without attempting to wash it out; in the second he scraped his soft palate and tonsils with a pair of pincers in which was held a piece of false membrane recently coughed up; and in the third he inoculated a puncture of the mucous membrane of his lower lip with diphtheritic exudation.

Of these somewhat foolhardy experiments, only two can be considered as at all likely to have succeeded, and it is scarcely necessary to observe that scores of similar cases of escape from apparently certain infection with animal poisons might be cited, which yet only prove that there is a possibility of failure in the experiment. On the other hand, there is now abundant evidence that diphtheria can be inoculated, even in the lower animals. Thus Trendelenburg made experiments on pigeons and rabbits during an epidemic, and succeeded, in eleven out of sixty-eight experiments, in producing diphtheritic false membranes in the larynx by placing in it pieces of recent exudation. Oertel even states that he has succeeded in nearly every case in inoculating rabbits; but in many cases blood-poisoning, rather than true diphtheria, seems to have been produced.

Some experiments have recently been made on rabbits by Dr. Gabriel Duchamp. From his results he concludes that the false membranes, when placed in the larynx and trachea of the rabbit, may give rise to a true diphtheritic process, whilst, in the absence of false membranes, the other products from the human larynx in a case of diphtheria did not appear to give rise to it, although they were very poisonous. The injection of diphtheritic exudation suspended in water into the subcutaneous cellular tissue, or into the jugular vein, gave rise either to no results or to septicæmia or pyæmia; and inoculations of the skin with false membrane were equally without result, both in the rabbit and the horse. The number of experiments was, however, too limited to allow of our accepting these negative conclusions in an absolute manner. The subject is one of considerable importance, from its bearing on the mode of conveyance of the contagion of diphtheria; so far as experiments go at present, they would seem to show that the

primary contagion is local, and that its effect depends on the existence of certain conditions of the mucous or other surfaces favorable to its reception, which is entirely in accordance with clinical experience. The existence or non-existence of fungus in the false membranes, and its dependence upon their presence, is, it need hardly be said, an entirely different question.

The Spread of Cholera.

The following, from the *Practitioner*, is an abstract of Dr. Hirsch's conclusions from the whole of his inquiry upon this important subject:—

1. *Spread through the traffic of men.*—He says that the fact is confirmed on all sides that the introduction of cholera into Prussian Poland and Prussia was by the Galician raftsmen, and that this was invariably the case. Then from the towns or villages where cholera was thus introduced, and where it spread epidemically in some cases, it spread to places lying far from the river, by inland traffic. "The introduction," writes Hirsch, "was proved with certainty to be either through inhabitants of the place who had been attacked with cholera in other infected places, or through sick persons who had traveled to the place, and everywhere the course of the disease from an individual to his neighbors could be followed."

2. *Spread through dead bodies, linen, clothing, and straw.*—The carriage by dead bodies seemed probable, while that by clothing and straw was undeniable. With regard to soiled clothes he mentions the following case:—The clothes of a raftsman, dead of cholera, were stolen and taken to the house of a poor family in the village of Cruczno; the woman of the house and her child sickened with cholera; they were the first cases in the village, and from them proceeded a murderous outbreak. In a village near Culmsee there died all the inhabitants of a house into which linen from a cholera patient, dead at Culmsee, had been brought. After thorough purification of this house, no more cases occurred in that village. Two other similar cases are given.

With regard to straw, Hirsch speaks with some doubt, but refers to some apparent instances, and thinks it a matter to be carefully looked to.

3. *Spread through drinking-water.*—Hirsch seems to have no doubt of the influence in spreading cholera of impure drinking-water, but he still thinks it not decided which of the following views is correct, viz.: (1) whether the impure water contains something *specific;* or (2), whether the water merely exerts an injurious influence which *predisposes* to an attack. He relates several instances which certainly seem to give greater weight to the first explanation than to the second.

4. *Spread influenced by ground.*—It so happens that the ground-water during the whole of this year was low; in the Vistula the water-level was extraordinarily low. Hirsch does not, however, conclude much from this. He remarks that in many places the disposition of low-lying parts of towns to be attacked was very marked; there were, however, some exceptions, and he notices two: in Sodgorz, the high-lying places were more attacked than the low-lying, and one of the most severe outbreaks was in a group of houses on an elevation which dominates the whole place. In Elbing the worse outbreak was in a high and dry street, with houses built on pure sand.

5. *Influence of social distress.*—There is no doubt that cholera is very closely influenced by social distress and poverty. Hirsch does not trace out the connection, which, however, in many cases seem easy enough.

Salicylic Acid in Acute Rheumatism.

Dr. E. L. Warren writes to the Boston *Medical and Surgical Journal*:—

Recently we have received the announcement of Prof. Traube that in fourteen cases reported by Dr. Stricker salicylic acid has been used with such good results, and the effects of the remedy have been so uniform, that the profession has been strongly urged to try it. The following case, which has lately come under my observation and treatment, will perhaps serve to verify the usefulness of the new remedy.

Mr. W., a young man, twenty years old, a brakeman on the Boston and Albany Railroad, was taken February 13th with severe pain in the left ankle and top of the foot, attended with great heat and swelling. When called to see the case the following day, I found the patient lying on a lounge, and unable to move the foot without extreme pain. His pulse was 110, his skin dry, his tongue coated. The usual remedies were prescribed.

February 15th. The temperature was higher; the pulse was 120. There was no appetite, and the patient had taken to his bed. The inflammation had extended to both knees; the foot was somewhat better. The patient had no sleep the previous night. I prescribed sulphate of quinine and Dover's powder, alternating with syrup of lime. Hot applications were made to the joints, and lubrication with camphorated oil.

February 16th. The patient was no better; his pulse and temperature kept up, but he had slept better, from the effects of the Dover's powder. The inflammation had attacked the right wrist and the back of the hand, with the same amount of pain and swelling as in the foot.

February 17th. The patient was much the same. The pain and inflammation had extended to the muscles of the neck and the man was unable to move his head from side to side without difficulty. I prescribed one drop of aqua ammoniæ in a teaspoonfull of water every three hours.

February 19th. The patient was somewhat better, and continued to improve after this date.

He went to work again in about a fortnight from the time he was first taken sick, the disease having run about its natural course.

Less than one week had elapsed before he was taken down again with the same trouble, commencing this time in the other foot, and extending to both knees as before. I was called immediately. The pulse was 120; the skin was hot and dry. The patient was very nervous and fretful; his tongue was coated; his urine was high-colored. Salicylic acid was given, seven grains in wafers every two or three hours, with no other treatment whatever. This treatment was commenced some time in the forenoon. After the first few doses marked improvement was noticed, and after the ninth dose, sixty-three grains in all, the patient was decidedly better. The skin was moist, the tongue nearly clean, the pulse 80. The inflammation had gone from the foot and knees; the patient's spirits were good; there was no appearance of inflammation in other parts of the body, as before, and he remarked that he felt well enough to get up and go to work.

A More Effectual Mode of Applying Iodine to the Interior of Certain Cysts.

Mr. Furneux Jordan, in some notes in the *Lancet*, remarks that he has found in practice two classes of scrotal hydroceles, in which the ordinary methods of treatment are either difficult to use or uncertain in their result. In boys and men there are occasionally encysted hydroceles of the testis, or the cord, which continue to increase in size, or in which treatment is urgently requested. In such cases, except in early infancy, acupuncture, or the use of a fine trocar, often fails to cure. The walls of the cysts are usually thin, and collapse so much when their contents are withdrawn that the injection of a fluid is uncertain. The end of the canula may be outside the cyst, and the iodine solution be consequently injected into the connective tissue at its exterior. In such cases the following is a reliable method of treatment:—"The cyst being well isolated, made tense, and brought near the surface, I pass through its centre a stout needle, armed with silk, and leave the threads hanging. The fluid quickly oozes away, especially if a little traction be made on the threads. I then, at one opening, wet the threads with iodine liniment (liniment because the quantity required is so limited) and draw the threads so as to leave moistened portions within the cyst. A little gentle friction will help to spread the iodine thoroughly over the lining membrane of the cavity. An hour later freshly moistened portions may again be drawn through, if the cyst be large, or if other methods of treatment have failed. On the other hand, in a very small cyst a single thread, moistened and kept in one hour, will suffice.

"Another class of cases are those of simple vaginal hydrocele, in which the injection of iodine and other ordinary methods of treatment are unsuccessful. An interesting case will best convey what I wish to say. A young man had a moderate-sized hydrocele. Trocar puncture and acupuncture repeated a few times failed, and consequently iodine tincture (undiluted) was injected. In a few weeks the collection had reached its old size. A silver-wire seton was then put in; while in, the cyst remained empty, but its removal was followed by reappearance of the fluid. I then, at three o'clock, passed through the cavity a double silk thread at two spots. In a few minutes, when all the fluid had oozed out, I drew the threads, moistened with iodine liniment, into the serous cavity. I directed him to repeat the process in an hour. He was so anxious to get well—he was shortly to be married—that he moistened the threads four times in six hours. At midnight the effects had become so sharp that he was glad to remove the threads as he had been directed. He remained at home one day only, and was shortly and permanently well.

"I venture to believe that no kind of hydrocele will resist this method of applying iodine, and consequently that the setting up of suppuration, even as a last resort, can rarely be necessary."

Avoidance of Phosphorus Poisoning.

At the Brussels Congress there was presented the following report of M. Crocq, "On the Sanitary Measures in Workshops where Phosphorus is Manipulated." The following conclusions were adopted: The section of public medicine expresses the wish, 1. That the use of red amorphous phosphorus be substituted for that of ordinary phosphorus in all match-factories. 2. Until the universal adoption of this radical measure, it recommends, in the actual conditions of manufacturing, the following measures, which are designed to prevent general toxic accidents, and more especially maxillary necrosis; installations of the manufacturing in sufficiently spacious rooms; powerful ventilation promoted by the aid of tubes, beginning at the ground and terminating in a drawing chimney; constant attention to cleanliness; together with these physical means, use as a chemical antidote, the spirits of turpentine. 3. Local accidents may be averted by astringent gargarisms, and above all, by the obligation imposed upon manufacturers to admit none into their workshops who, by oral examination, present dental lesions, such as penetrating decay, or any other affection of a nature to favor the deleterious action of phosphoric vapors. 4. Children not to be employed in workshops where phosphorus is used. 5. When the authorities allow the establishment of manufactories where that substance is used, they must impose these conditions and see that they are observed, for the interests of workmen as well as of manufacturers, who are criminally responsible for accidents resulting from their carelessness or neglect.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"A Resumé of the Transactions of the International Medical Congress at Brussels" has been reprinted from the St. Louis *Medical and Surgical Journal*, in pamphlet form. The translation is by Dr. Geo. W. Wells. As the Secretary General of the Congress, Dr. Warlomont, has been suffering from pleurisy, the *Transactions* will not be out for two or three months. Hence this abstract is very timely.

BOOK NOTICES.

The Annual Report of the Board of Directors of the Pennsylvania Institute for the Deaf and Dumb, for the year 1875. Philadelphia. Printed by order of the Contributors. E. Deacon, Franklin Printing House, 38 Hudson Street, 1876.

In this journal we have endeavored to keep its readers posted on all matters of interest relating to the diseases of the ear, as well as to the instruction and condition of the Deaf and Dumb, not only of our own Commonwealth, but of the United States. By numerous communications in this journal* and in the *Transactions* of the Medical Society of the State of Pennsylvania,† the endeavor has been made to bring into favorable notice the improved method of teaching deaf mutes, so as to fit them for intercourse with the world and with their speaking brethren. We are happy to state that our efforts, with those of others, have not been in vain, for, in almost all of thirty-nine institutions in the United States, with its over four thousand pupils in attendance, the system which gives the pupil a knowledge of the concealed parts of the mouth, and of the movements of such parts, is making its way. This method will be of incalculable benefit for all who have once heard, for most of the semi-mutes, and a large majority of the total deaf, or congenital deaf mutes.

In the Pennsylvania Institution, the third in existence in the United States, founded in 1820, the new method has had much opposition to contend against, many of the intelligent directors believing that more good to the greatest number could be accomplished by the old method, and they referred with satisfaction to the seventeen hundred pupils sent out, and the great benefit of this training. Yet visible speech* does not prevent the employment of any means that are, or have been used by others. Imitation and mechanical aids are used whenever the pupil can be assisted by them; but when these fail, visible speech comes in to the assistance of the pupil.† There is a class of intelligent and bright mutes and semi-mutes to be found in this and all our institutions, who desire and languish for just such high mental instruction, and now they are about to receive it, for, according to the President's report, "It is the intention of the directors to have those pupils who have talent, to be instructed in linear drawing. They, also, in extension of the instruction now given in speaking, contemplate introducing visible speech as a branch of education, for semi-mutes, and such others as may be qualified to receive such instruction" (Report, p. 8). In the report of the Principal he gives this cheering salutation: "For the first time in several years, the doors of the Institution are open to all suitable applicants for admission to its privileges and advantages, owing to the additional building put up during the year."

Number of pupils on December 31st, 1874	224
New pupils admitted in 1875.....	109
Pupils re-admitted.....	5
Total population in 1875.	338

The number of congenital mutes admitted during the year, 33; cases of deafness from scarlet fever, 24; spotted fever, 15; typhoid fever, 3; catarrhal fever, 2; diseases of brain and ears, 13; from various other causes, as convulsions, whooping cough, measles, etc., 19 cases. "Of the one hundred and five families to which the above one hundred and nine pupils belong, eleven contain each more than one deaf mute child; seven of them contain each two deaf mutes; two contain each three; one contains four, and one five." L. T.

*Teaching the Deaf and Dumb to Speak by the Visible Method. Med. and Surg. Reporter, Nov. 23d, Dec. 7th, 14th, 21st, 1872. By Laurence Turnbull, M. D.

† On Deaf-Mutism, and the New Method of Educating the Deaf and Dumb. By Laurence Turnbull, M. D., Physician to the Department of Diseases of the Eye and Ear, Howard Hospital. Extract from *Transactions* Med. Society of Pennsylvania. Philadelphia, 1874, p. 7.

*See Medical and Surgical Reporter, November and December, 1872.

†See extract of letter to the writer, by Miss Fuller, Principal of the School for Instruction by Visible Speech, for the Deaf and Dumb. Boston, March 9, 1876. Extract from *Transactions* of Medical Society, State of Pennsylvania, p. 5.

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A WEEKLY JOURNAL,

Issued every Saturday.

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THE RELATION OF LIGHT TO LIFE.

Recent studies in physics lead to the belief that light is a form of force capable of measurement and of application. It evokes energy by inherent attributes of its own, irrespective of heat; mechanically, it ranks as a new motive power.

That it has very intimate connections with the evolution of life, in both the animal and vegetable worlds, has long been known. Toward the close of the last century, Alexander von Humboldt published a remarkable study of the subterranean flora in the mines of western Germany, and many subsequent observers have followed the suggestions he made.

The effect on the mental life of the action of light, and the importance of the organ of sight to give the higher relations of space, were emphasized by the learned naturalist, Lorenz Oken. "Sight," he says, "is the light-sense. Without the eye, reason would not belong to man." Very recently, Dr. Ponza, the Director of the Lunatic Asylum at Alessandria, in Piedmont, has suggested and is carrying out the use of colored glass in the windows and in the ornamentation of the rooms, as a treatment of lunacy.

Dr. Ponza's experiments consisted, in the abstract, in placing his patients in chambers colored red, blue, and violet, with most surprising results. In the red room he placed a melancholic man, who had refused his food, but who two or three hours afterward was found lively and hungry. In the blue chamber he placed a violent lunatic, who became much quieter within an hour. In a violet room he procured equally good results. Of all the rays of the spectrum, the violet are those which possess the most intense electro-chemical rays; the red are richest in calorific rays; whilst the blue, devoid of calorific, chemical, or electric rays, are in fact the negation of all excitement, and are most useful in calming violent accesses of fury. Couched in the choice neat phrases by which French authors commonly express themselves, the experiments seem conclusive. True it is, that we have reports of only a very few cases; that no indication is given of various sources of fallacy; that the accounts of the permanence of the cure are unsatisfactory: still, the fact remains, that a record has been made of a new method of treatment, the facilities of working and economy of which commend it to those working in the same line.

It is remarked by the editor of an English cotemporary: "That the gloominess of many old large asylums has a depressing effect upon the inmates, is seen by the surprising recovery of the latter when removed to better conditions; whilst, on the other hand, very light rooms and corridors are unsuitable to the treatment of many forms of acute disease. Many insane refuse to wear clothing unless dyed of a certain color. Why not seize the fact, and, treating it as a delusion or a hallucination, treat them

according to the color of their minds? It is a fact that some persons can detect the color of a material by feeling it. Suppose such an one in an insane state irritated by contact with material of a color from which, as the result of a delusion, he has a special aversion: how his case must be retarded unless the very conditions of his mind are recognized, and he is bathed in light of a proper tint."

Some of the most important recent researches on this subject were published in the *Transactions of the Royal Society of Edinburgh*, by Dr. Dewar and Dr. McKendrick. These careful observers consider that they have experimentally proved—1. That the impact of light on the eyes of members of the following groups of animals, viz., mammalia, aves, reptilia, amphibia, pisces, and crustacea, produces a variation amounting to from three to ten per cent. of the normal electro-motive force existing between the corneal surface and the transverse section of the optic nerve. 2. That this electrical excitation may be traced into the brain. 3. That those rays that we regard as most luminous produce the largest variation. 4. That the alteration of the electrical effect, with varying luminous intensity, seems to follow very closely ratios given by the psycho-physical law of Fechner. 5. That the electrical alteration is due to the action of light on the retinal structure itself, and is independent of the anterior portion of the eye; therefore, the natural supposition that the contraction of the iris might produce a similar result cannot be sustained. 6. That it is possible by experiment to discover the physical expression of what is usually called, in physiological language, fatigue. And, 7, that the method employed in this research may be applied to the investigation of the special organs of the other senses.

It will be seen that such results have a high psychological as well as physiological value. Now that we have attained to much more accurate photometrical methods than ever before, we may expect positive knowledge on these points, where previously much was necessarily left to guesswork.

In reference to the action of light on tissue change, it has been observed that the quantity of carbonic acid expired in a given time may be generally taken as a tolerably accurate indication of the rate at which tissue change is going on in the body. Moleschott found that frogs exposed to light expired one-twelfth to one-fourth more carbonic acid than frogs kept in the dark, and the brighter the light was, the more carbonic acid they did excrete. The increased rapidity in tissue change of which this was the indication might of course be due to the action of the sunlight upon the skin, but some recent researches of Von Platen seem to show that it is rather due to the action of light upon the eyes. He kept some rabbits as nearly as possible under the same conditions, but sometimes covered their eyes with black glasses, so as to exclude the light, and sometimes with white glasses, so as to allow it to act upon them. The experiments which he made in this way showed that when the light was allowed to reach the eye, the carbonic acid excreted was increased by one-sixth to one-seventh of its average amount.

Now, a moderate increase in tissue change in a fairly healthy organism leads to increased appetite, increased consumption of food, and a healthier condition of the organism generally, so that anything producing it must rank as a tonic. These researches, therefore, are of extreme interest, as they show what a very high place among tonics must be assigned to light, and the necessity of securing a good supply of it for convalescents and debilitated persons generally. They also tend to explain the weakly condition of the children in the crowded parts of large cities, as well as to some extent the languor which persons not unfrequently feel when they exchange country for city life.

We have not space here to describe the identity of the direction taken by the light force with that of the *phyllotaxis* and plant-climbers generally; this too is a most suggestive fact.

Notes and Comments.

The Use of Well Water in Cities.

According to the *Scientific American*, the State Geologist of New Jersey, in his recent report, calls attention to the habit, still in use in some of the older cities of New Jersey, of people drawing their supplies of water from old wells. In an analysis of the water coming from some nine wells in Princeton, five of them were found to contain free ammonia, albuminous matter, and chlorides, in excess. In tracing the effects of these waters, it was found, in almost all cases, that diarrhœa and typhoidal fevers accompanied their use. It is almost impossible to be sure of the good quality of any well which is surrounded by houses where drains and sinks empty into the surrounding soil. It would be well if the proprietors of large country hotels and summer resorts would not only look to their sources of water, but eschew well water entirely. For the health of their guests it is better, in all cases where running water does not exist, to seek their source of water from cisterns which are fed from the rainfall on the roofs.

Chloral in Pityriasis.

Dr. Martineau states in a French cotemporary, as the result of a large experience, that chloral is a very efficacious, if not certain means of treatment in this rebellious affection. The solution he used was of the strength of about forty grains to each ounce of water, and this he applied to the scalp each morning, by means of a sponge, using slight friction, and allowing it to dry. If the disease is recent, and the lotion is uninterruptedly used for a month, he predicts a certain cure. In the chronic and more obstinate cases, he recommends the continuance of the application of the solution until the disease disappears, as its daily use produces no inconvenience, whilst it relieves the itching.

Prolonged Baths.

In a visit to Leuk, some years ago, we witnessed the method there employed of giving patients baths of several hours' duration. In modern balneology, these prolonged baths, in which the patient remains six hours, or even a whole day, seem to be dying out of notice. Dr. Kisch thinks this a subject for regret. Prolonged baths of 37° or 38° C. are an admirable means for soothing irritated nerves, and influencing the skin by imbibition and saturation. The excretory organs are also stimulated by them, and the process of healing of open wounds and ulcers greatly assisted. They supply an admirable anæsthetic in cases of neuralgia and hyperæsthesia, or exposure of the cutis, and further, add a means of promoting the general metamorphosis of tissue and the expulsion of unhealthy materials present in the body.

Pills for Obstinate Neuralgia.

The *Bordeaux Médical* gives the following formula for obstinate neuralgia, especially ileo-lumbar neuralgia:—

℞. Valerianate of ammonia,
Quinine, āā gr.xxx.

Make into twenty pills and take from two to ten of them each day, increasing one pill per diem. After taking these pills for ten days, suspend their use for five days.

Alcohol in Medicine.

The First Section of the Brussels Congress made a report on this subject, that the only circumstance which establishes the necessity of administering alcohol, and when that agent cannot be replaced by any other, is the certainty of anterior alcoholic habits. In these cases alcohol becomes indispensable.

Correspondence.

Early Discharge of the Liquor Amnii.

Ed. Med. and Surg. Reporter:—

On the 29th of February I was sent for to see a negro woman, who gave me the following account of herself:—She was about twenty years old, the mother of one child, and was then pregnant with her second, and she did not think she was more than seven months "gone." She said that on the 27th of February—that is, two days before I saw her—while she was sitting still, suddenly, and without the least pain, about a pint of water came from her, and that it had been running from her more or less all the time since. Before making any examination, as she told me water was dribbling from her all the time, I thought I had a case of retention of urine; but on examining I became satisfied it was not from the bladder that this water came, as there was no distention of that organ, and the woman told me she could pass her water; still, she thought it was urine that was passing from her. I next made a vaginal examination, and satisfied myself that labor had

not begun. The woman told me she had not had anything like labor pains or pain of any kind; that she had not hurt herself in any way, nor had she passed any blood; said she felt pretty well, with the exception of being wet all the time; and she was very uneasy about herself, as she said she had nothing like this while pregnant with her other child, nor could any of the old women tell her of ever having seen anything like it before. I gave her a dose of opium, and directed her to keep quiet in bed, and to let me know if anything like labor pains came on. About two o'clock that night I was sent for, the messenger informing me my patient was suffering very much. On reaching her, about an hour afterward; I found her in labor, head presenting; the child was born in about an hour after I got there, and though very small, is still living. The woman informed me that the water stopped passing from her several hours before labor pains came on. There was no discharge of liquor amnii (or if any, so little that I did not notice it) after I got to her, and she insists that there was none during labor, nor for several hours before it began.

To me this is rather a novel case. In "Signs and Diseases of Pregnancy," by Tanner, on page 442, may be found a case reported very much like this one of mine. R. K. Jones, M. D.

Holmes County, Miss.

Quinine a Parturifacient.

Ed. Med. and Surg. Reporter:—

It will not do to infer a general principle from a single fact, or a few isolated facts. The fact that one man dies, or that ten thousand men die, would not warrant the presumption that the whole race is thus doomed; but when it is observed that death is a fact of human experience, from Adam to the present time, then we may infer that mortality is an unalterable law, and that "death has passed upon all men."

The philosophy of Bacon substituted facts for hypotheses, and induction for speculation. He would look upon the effects, and by careful reasoning ascertain the causes, and thus reason from effect to cause, rather than from cause to effect. When laws are discovered from facts themselves, they become landmarks of truth.

Physicians are not infallible, and even in the field of their observations they are liable to be deceived and err in judgment; but when facts present themselves, and facts they are proven to be, so much the more should they guide and govern the physician in his practice.

As others are writing about quinine as a parturifacient, I conclude to add my testimony, and by a multiplicity of facts deduce a general principle.

Living in a malarial region, I have had occasion to give quinine under almost all circumstances, and have given it many hundreds of times to pregnant women, without the least unpleasant effect, and cannot recall a single instance in which it has caused abortion or premature labor.

I am satisfied that quinine has little or no effect upon the uterus in its quiescent state; but when labor has fairly set in, it has often, in my hands, proved more potent than ergot in stimulating uterine contractions. For several years I have been more careful to have quinine in my pocket than I ever was to be sure of my supply of ergot when called to an obstetric case.

The first case in which I used quinine as a parturifacient was that of Mrs. D., in April, 1868, in her second labor. The labor progressed satisfactorily until the head rested on the perineum, when the pain suddenly ceased, and there was complete inertia of the uterus. I gave six grains of quinine; in thirty minutes pains returned, gradually grew stronger, and in one hour and a half terminated the labor. Another case, four or five years ago, was extremely tedious on account of rigidity of the os. Morphine, ipecac., tartar emetic and chloroform were used, and after long suffering the labor terminated. The same patient, in a subsequent labor, was threatened with the same delay from the same cause. In addition to the rigid os, the pains were feeble and insufficient. I gave quinine, grs. vi, ipecac., gr. j; in half an hour the pains were more forcible, the os dilating, and a speedy termination of the labor.

Two years ago I was called, in consultation, in a case where the head had been resting on the perineum for several hours, with very feeble and insufficent pains. After starting a man for my forceps, I suggested to the doctor in charge to give grs. vj or viij of quinine, which was done. The pains soon improved, and the child was born without instrumental aid.

I have made it a rule to give quinine just before the completion of labor, even if it has not been previously indicated, thereby anticipating and preventing hemorrhage. I have never seen hemorrhage after delivery where quinine had been given, and have invariably observed that the woman suffers less from after-pains, and, altogether, has a better getting-up.

L. Woodruff, M. D.

Alton, Franklin Co., Ohio, March 23, 1876.

An Easy and Painless Mode of Extracting Foreign Bodies from the Nasal Cavity.

Ed. Med. and Surg. Reporter:—

Rosa Westheimer, aged 2 years, was brought to my office in July, 1872, for the purpose of extracting a plum seed from her nose, which she had inserted a few hours previous. The seed filled the cavity completely, and was very slippery, consequently I could not get hold of it, and with each attempt to do so it moved further in. It was evident that the object could only be accomplished by getting an instrument back of it; this led me to think of the nasal douche, which would propel the seed forward. I placed the child in position for the nasal douche, with the head bent forward, and applied it to the free

nostril, and immediately after turning on the stream of milk-warm salt water the seed was forced out, and fell into the basin, with a loud sound, calling forth an exclamation of joy and relief from the anxious mother.

I have since then had occasion to extract other foreign bodies from the nasal cavity, and have used the douche as above, with like success. As I have no recollection of ever having seen it mentioned in medical works, and as it is so much easier than the usual method, causing no pain whatever, I tender it for publication.

Houston, Texas. M. PERL, M. D.

NEWS AND MISCELLANY.

Sanitary Amenities.

It is always a good sign when the public is awake to the importance of sanitary provisions to the material interests of their city. But even this praiseworthy sentiment may find too vigorous expression. An instance of it appears in the reply of the Washington *National Republican* to the New York *Sun*. The latter veracious newspaper commenced an article thus:—

"WASHINGTON DOOMED.—*A Frightful Epidemic the Probable Result of Boss Shepherd's Rascality.—Washington, March* 29.—Those terrible scourges, typhoid and typho-malarial fever, 'throat-rot' and diphtheria, are now prevailing to an alarming extent in this city, and are daily increasing in intensity and fatality."

To which the *Republican* replies with a table of mortuary statistics and the Report of the Board of Health, headed as follows:—

"SLANDERS REFUTED!—Detective Press Caught in the Act; Comparative Statement of Mortality; Lies of the Ishmaelite Exposed; The Doom Fixed Upon His Own City; Light Death Rate of the Capital; Curses Returned Home to Roost!"

Will not our respected cotemporary remember Talleyrand's motto?—*Surtout, pas de zéle.*

Erie County (Pa.) Medical Society.

The Erie County Medical Society met April 4th, and was called to order by the President, Dr. W. C. Evans.

The following gentlemen were elected delegates to the convention of the American Medical Society, to convene at Philadelphia on June 6th next:—

Drs. J. L. Stewart, A. S. Lovett, and C. B. Kibler.

The following gentlemen were elected delegates to the State Medical Society of Pennsylvania:—

Drs. W. C. Evans, William Faulkner and I. N. Taylor.

Dr. William Faulkner, of Erie, according to announcement made at the last meeting, opened the discussion on puerperal convulsions, which was highly instructive, and was listened to with marked attention by the members. He spoke of the seriousness of the trouble and the importance of exchanging views on the best mode of treating and conducting these cases. He urged the importance of bleeding, unless contra-indicated by the condition of the patient, in which position he was sustained by other members of the Society who participated in the discussion.

Adjourned to meet in Erie on the first Tuesday in July. A. S. LOVETT, M. D., *Secretary.*

Homœopathy at Ann Arbor.

A number of the alumni of the Medical Department of the University of Michigan, Ann Arbor, have circulated a protest against the half-recognition of homœopathy, forced on the Faculty of that institution by the State. The letter says:—

"We shudder at the fact that a Faculty in part composed of those whose names appear upon our diplomas, now join hands with those who teach this unblushing charlatanism, by freely giving their students the benefit of additional instruction, thus becoming an organized corps of colaborers in preparing them to practice a pretended system, that not only shames science, but is a by-word to simple common sense. When the advocates of "similia similibus curantur," and the law that the less the dose of a given drug the more powerful it proves to be, flaunt in our face their diplomas, bearing the same name and seal as our own, we can but estimate the value of ours, obtained when her name was without stain, as very sadly depreciated."

Dr. J. T. Woods, of Toledo, Ohio, leads the names.

Items.

—A detail of German army physicians will arrive here shortly. They are to inspect the Medical Departments of the United States.

—The Centennial Commission has received a letter from a citizen of Shelby, North Carolina, who desires to exhibit *fifty of the ugliest men in the United States* at the Centennial Exposition, and he wishes to know "if it will pay." He says: "I propose to get them out of the mountains of Western North Carolina." This item has a physiological interest.

—It is reported that the plague is on the increase in Bagdad. Nine or ten deaths from plague occur daily in that city.

—A registrar in the north of Ireland states, in his return for the December quarter of last year, that he registered a death occasioned by drinking ether, which he says has been extensively made use of in that locality for many years. The person in this case had been drinking ether for several days, not having taken any food.

—A census of Philadelphia, taken April 1, 1876, counted 817,000 inhabitants.

Personal.

—A cable dispatch this week brought intelligence of the death of the eminent Dr. Traube, of Berlin.

—Dr. Letheby, the distinguished English sanitarian, died recently.

—The Atlanta *Medical and Surgical Journal* for April says :—

"As we go to press, it is with feelings of no ordinary sorrow that we are called upon to announce to our readers the death of Dr. C. B. Nottingham, of Macon. The profession of Georgia will long and deeply mourn the loss of one so useful to the community; one so ornamental to the profession of his lifetime choice; one so respected and beloved by his brethren."

—The *British Medical Journal* announces the death of Sir John Cordy Burrows, President-elect of the British Medical Association. Sir John Cordy Burrows presented, at the meeting of the Association in Edinburgh last year, an invitation, "cordially inviting the British Medical Association to hold its annual meeting in 1876 at Brighton," and nominating him for acceptance by the Association as President for the meeting in 1876 and for the year ensuing.

Medical Society of the State of Pennsylvania.

The Twenty-second Annual Session will be held in the city of Philadelphia on Wednesday, May 31st, 1876, at 3 P. M. The appointments are :—To prepare—The Address in Surgery, Dr. D. Hayes Agnew, Philadelphia. The Address in Obstetrics, Dr. R. Davis, Wilkesbarre. The Address in Medicine, Dr. James Aitken Meigs, Philadelphia. The Address in Hygiene, Dr. Benjamin Lee, Philadelphia. The Address in Mental Disorders, Dr. John Curwen, Harrisburg. The Secretaries of County Medical Societies are earnestly requested to forward *at once* their lists of *Officers and Members*, with the *Post-office address of each member*.

WM. B. ATKINSON, M. D.,
Permanent Secretary,
1400 *Pine Street, Philadelphia.*

QUERIES AND REPLIES.

Alcoholic Stimulants.

"Are alcoholic stimulants much used by the profession in general and hospital practice in your city?" J. G., Jr.
Alabama.

Reply.—The use of stimulants as medicine still obtains to a considerable extent in this city, but we believe we are correct in saying they are much less used than, say, ten years ago.—ED.

Pruritus of Pregnancy.

Dr. G. L. C., of South Carolina.—For the purpose of allaying the pruritus vulvæ and vaginæ originating during pregnancy, and from other causes, try unguent. spermaceti, one ounce; calomel, from one-half to one drachm; and extract of belladonnæ, one drachm; well mixed together. With this have the itching parts freely anointed several times a day, after previous ablution with tepid carbolized water. Fowler's solution, in minute doses, may be given at the same time. The ointment alone, however, has answered admirably in my hands, and I have found it superior to any of the reputed remedies for this troublesome affection. A. G. W.

Pulvis Glycyrrhizæ Comp.—Syr. Guaiaci.

In answer to inquiries, we have obtained, through the kindness of Professor Maisch, of this city, the following formulæ :—

Pulvis glycyrrhizæ (liquiritiæ) compositus seu pulvis pectoralis kurellæ.

R.	Pulv. fol. sennæ,	
	Pulv. rad glycyrrh.,	each two parts
	Pulv. fruct. fœniculi,	
	Sulphuris depurati,	each one part
	Sacchari optimis pulv.,	six parts M.

—*Pharm. Germanica.*

There are two formulæ for syrupus guaiaci, as follows :—

R.	Guaiaci resinæ,	one ounce
	Liq. potassæ,	half fluid ounce
	Sacchari,	fourteen ounces
	Aquæ,	q. s.

Macerate the guaicum in the sol. pot., mixed with two fluid ounces of water for two or three days; then percolate with water until eight fluid ounces are obtained, in which dissolve the sugar.—*James T. Shinn, Proc. American Pharmaceutical Association*, 1870.

Prepare a tincture by percolating one part guaiacum with four parts of fifty-six per cent. alcohol. Mix half a pound of this tincture with one pound syrup acaciæ and evaporate the alcohol. *Mouchon, Bull. gén. de Therap.*, 1855.

The first formula yields a transparent syrup, which mixes clear with water.

A correspondent wishes to know the source of the quotation, "Thousands die of medicable wounds."

We do not find it in Bartlett and similar works of reference.

DEATHS.

CALDWELL.—Died, at San José, California, February 16th, 1876, in the 57th year of his age, Dr. Augustin Byrne Caldwell. The deceased was a native of Princetown, Kentucky, and graduated at the Transylvania College of Medicine, in the year 1841.

HINKLE.—On the 16th instant, Maria, daughter of the late Dr. Philip Hinkle, in the 72d year of her age.

RIPLEY.—On Tuesday, March 28, 1876, of diphtheria, Eveleen, only daughter of Dr. John H. and Isabella M. Ripley, aged 6 years.

RUSH.—On the 4th instant, Stephen Yarger Rush, M. D., son of John and Catharine M. Rush, aged 24 years.

THOMPSON.—At Phelps, Ontario County, New York, on Monday, April 3, Caroline M., wife of Dr. Albert Thompson, and sister of the late Robert Denniston, in the 67th year of her age.

WESTERVELT.—At Plainfield, New Jersey, on Thursday, April 6, of consumption, Mary, wife of Dr. Richard H. Westervelt, of New York, in the 42d year of her age.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1000.] PHILADELPHIA, APRIL 29, 1876. [Vol. XXXIV.—No. 18.

Original Department.

Communications.

A CASE OF OVARIOTOMY.

BY R. STANSBURY SUTTON, A. M., M. D.,

Of Allegheny City, Pa.

Mrs. R. H., a native of Ireland, came under the care of Dr. Chesrown in August, 1875. I saw her with the doctor on January 21, 1876. She was a widow, aged 49; had borne three children, the youngest being 18 years old. Her labors were not difficult, and she had never miscarried. When 47 years old, she was menstruating, and received a severe fright; the flow suddenly ceased, and never returned. Two months after this occurrence she first detected "something growing in her left side." She was lying in bed, upon her right side; a sitting posture was tiresome, and locomotion difficult; her face bore an expression pathognomonic of ovarian disease. Emaciation was well marked, the skin moist, pulse 98, respiration 20, temperature 99. Her thoracic viscera were free from disease; the kidneys were secreting about 30 fluid ounces of urine in '24 hours, which upon cooling deposited urates, but was free from albumen and sugar; its specific gravity was 1.024. There was no disease of the lymphatic system. The tongue was slightly furred, the appetite morbid, digestion imperfect; her legs were œdematous; the left internal saphenous vein was varicose. Sleep was only disturbed by the frequent necessity to rise and empty the bladder. The abdomen was immense; its enlargement had been rapid and constant during the last two years. She had been attacked with "colic" repeatedly. No movements had been felt, and no sudden change of shape had occurred. In the median line, below the umbilicus, which was level with the surface, were two marks of the trocar. The date of the first tapping was about December 1st, 1875; that of the second was January 16th, 1876. At the first 25 pounds of fluid were taken, at the second 28 pounds. This fluid had not been examined chemically or microscopically. The enlargement was general, but irregular. The superficial epigastric veins were very large. In the hypogastric region the skin was covered with patches similar to vaccination marks, lineæ albicantes. There was no tenderness on pressure, and the outline of the growth was the circumference of the whole belly. The walls were very thin, and more movable at some points than at others. The growth was not uniformly soft; some areas gave distinct fluctuation, others a doughy, semi-elastic feeling; the latter occupied the left inguinal and adjoining half of the hypogastric regions. Two distinct accumulations are patent. The measurement is as follows:—

At umbilicus, around the body.....	40 inches
Just above umbilicus, around the body	41 "
From ensiform cartilage to umbilicus	7¾ "
From symphisis pubis to umbilicus..	8½ "
From right supra-spinous process of ilium to umbilicus.....	9 inches
From left supra-spinous process of ilium to umbilicus.....	10 inches

Fluctuation is detected both by the vagina and rectum. A sound passed into the uterus 2¾ inches; it was anteverted, and its fundus deviated to the right side. It was movable, and

independent of the growth. The tips of the fingers could be pressed in between the growth and the pubis. The mammary glands present no changes.

January 22. Three or four fluid ounces of a dirty brownish fluid were drawn off with the aspirator. This fluid was highly albuminous, and the microscope revealed in it the "ovarian cell," besides granular matter, pus corpuscles and epithelium. The diagnosis was a multilocular ovarian cyst, with a medium pedicle and some adhesions. We agreed to give her five grains of citrate of lithia and twenty grains of citrate of potassa every twelve hours, a liberal diet, and after each meal 2 grains of quinine, and 20 drops tincture ferri chloridi. In reply to her inquiry as to an operation, I told her it was possible, but hazardous; that she could not expect to live long, and that little could be done for her; that if an operation were performed, and proved unsuccessful, she would die sooner than if the operation were not performed; but that if it proved successful, she might live for years in comfort.

January 26. The kidneys have been very active. The urine, upon cooling, deposits but little urates. The abdomen is filling up more and more, Dr. Chesrown thinks more rapidly than after the first tapping. She says she has determined to take her chances in an operation. Her pulse is 96; temperature normal. As she is in as good condition now as her physician has ever known her to be, we must decide the question of operation. She cannot live long in her present condition, which will soon grow worse; with an operation she has a chance for life, but if it fails she will die but little sooner. I determined, after leaving her, that if I was satisfied with her condition on the evening of the 28th, with Dr. Chesrown's concurrence, I would operate on the morning of the 29th.

January 29. Operation. While the patient was etherized in bed by Drs. Chesrown and Brewster, the following gentlemen assembled in an adjoining room: Drs. James King, H. T. Coff, F. Lemoyne, W. S. Huselton, George Purviance, Potter, and English. The patient, well protected by woolen stockings and warm blankets, was placed upon the table at 10 A. M. Pulse 108; temperature 99. An oiled silk sheet with a central opening, 4 by 8 inches, was closely sealed to the surface of the abdomen. The bladder was now emptied with the catheter. Assisted by Drs. Chesrown, Purviance, Lemoyne and King, I proceeded to operate, as follows:—An incision five and a half inches long, in the median line, was carried down to the peritoneum, which was divided upon the grooved director. The incision was now increased seven-eighths of an inch, terminating just below the umbilicus. The cyst now in view filled the incision, and upon its face were two wounds of the trocar, from one of which was oozing a fluid in a very fine stream. A metallic sound was now passed around the cysts, which were found to be free from attachments (save the pedicle) on the left side. With the sound, some anterior adhesions just above the wound were broken up, and strong adhesions demonstrated to exist high up. With the hand, some of these were readily separated. A Fitch dome trocar was now plunged into the presenting cyst. It became clogged almost immediately, and turning the dome from side to side did not remove the obstruction. The cyst wall, being friable, began to give way around the canula, and the fluid to escape. The assistants kept the lips of the wound and cyst in close apposition. The trocar was now withdrawn, and the cyst slit up with a probe-pointed bistoury. It was seized with strong forceps, and held well forward, while its contents poured over the oiled silk sheet into the tub. This cyst safely evacuated, a second came into the incision, and was emptied with an ordinary trocar of about two pints of pus-like fluid. A third, filled with colloid matter, was delivered entire. The pedicle was now clamped and cut off, and the free end of the cysts turned into a basin. The remaining adhesions were very strong, and attached to the lower border of the right lobe of the liver, to the transverse colon and omentum. They were broken up with the hand and the cysts turned out of the abdomen. The right ovary was healthy. Considerable bleeding followed. One vessel was tied, the ligature cut short, and left. The edge of the omentum was badly torn, and disposed to bleed after exposure for some time to the air. Outside of a small clamp, this portion was cut away. All oozing points were carefully sponged with warm water until all bleeding ceased. Two small clots were picked out with the fingers, and warm water was poured into the cavity of the belly, which was then carefully sponged out to the bottom of the pelvis. A brief delay was made here, to make sure that no further bleeding would occur. The pedicle was placed

in the lower angle of the wound, and the clamped omentum in the upper angle; the wound was then closed with seven or eight silver sutures and adhesive straps. The abdomen was well padded with raw cotton and surrounded with a flannel bandage. The patient, now conscious, was placed in bed, with a jug of hot water to her feet. Forty drops of McMunn's elixir of opium and a dessertspoonful of brandy were administered by the mouth. Pulse 85. She was now left to her nurse.

10 P. M. Twelve hours since operation. Pulse 104; temperature 99; respiration 20. She has slept some, and drank considerable barley water. The nurse has used the catheter twice. The urine is high-colored, deposits urates, and does not exceed six ounces in quantity. Has no pain. Says she is *hungry*. As no gas has passed the bowel, we confine her to barley water. Ordered citrates of lithia and potassa in full doses.

Jan. 30, A. M. Pulse 120; temperature 99⅘; respiration 24. No gas has yet passed the anus. She complains of hunger. Urine more abundant and clearer. Ordered milk and lime-water ad libitum. P. M. Pulse 144; temperature 98½. No pain. Ordered an ounce of whisky and two grains of quinine every two hours, with beef broth.

Jan. 31, 8 A. M. The nurse reports a restless night. Pulse 160; temperature 94; respiration 35. There is nausea, and the skin is wet. A careful examination of the abdomen does not reveal any evidence of hemorrhage. It is flat, yet everywhere resonant on percussion. There is entire absence of pain. No gas has yet passed the anus. She was carefully rubbed dry. Injections of beef broth, whisky and quinine were thrown into the rectum every hour, while ammonia was given by the mouth.

11 A. M. Pulse 152; temperature 94; respiration 30. Hot irons and jugs of hot water were kept about her constantly. An hour after this she began vomiting, and fifty-six hours after the operation she died. No post-mortem was permitted. If she died from shock, it came on late, as her condition twenty-four hours after the operation was better than we had reason to expect. If she died of hemorrhage into the abdominal cavity, it is a matter of regret that we did not have the opportunity of being assured of it.

Remarks on the character of the growth.—The diagnosis was a multilocular ovarian cyst, which the operation proved to be correct. But in the fluid which escaped from the largest cyst, which was slit up during the operation, was found a roll of reddish-brown hair. In the wall of the cyst was imbedded a bone, resembling a lateral half of the inferior maxillary, containing one tooth. On the inner surface of the cyst was a patch of true skin, with a cartilaginous tubercle in its centre, which was surrounded with a sturdy growth of hairs. These elements proved, beyond doubt, that the growth was dermoid in character, interesting, inasmuch as this type of tumor occurs only about once in sixty cases. All the fluids, with the cysts, weighed 38 lbs, the cysts alone 5 lbs. From the cyst in which were found these dermoid elements, I drew fluid with the aspirator prior to the operation, and found in it the ovarian cell, also albumen. A portion of the fluid was examined by Dr. Peaslee and Dr. Drysdale; both confirmed the existence of the ovarian cell. I was at a loss to reconcile this fact with the following extract from Dr. Atlee's work on Ovarian Tumors, chapter iv, page 171: "The fluid in these cases is not usually coagulable by heat." Again: "It possesses none of the chemical and microscopical characteristics of ovarian fluid." With specimens of fluid, these facts were also communicated to Drs. Atlee and Peaslee. The following reply from Dr. Atlee I give in full:—

PHILADELPHIA, Feb. 12, 1876.

MY DEAR SIR:—Before leaving for Alabama and Louisiana, I have just time to acknowledge your letter to-day, and to say that the fluid sent to me contains the ovarian cell, but no indications of inflammatory products. The specimen is very interesting, and the question needs further investigation. Your case being a multilocular tumor, may perhaps explain all. It is not uncommon for the septi of polycystic tumors to rupture and form one cyst out of two or more, and thus pure ovarian fluid may have got across to the dermoid cyst. So few fluids of the dermoid cysts have as yet been examined, that no rule can be positively stated, and hence your case is one of peculiar interest. In great haste, very truly yours,

WASHINGTON L. ATLEE.

Drs. Atlee and Drysdale, the discoverers of the "ovarian cell," claim its presence only in pure ovarian fluid, and that it is always distinctive of ovarian fluid and of nothing else. Patholo-

gists, however, differ upon this point, as will be seen by the following letter from Dr. Peaslee.

29 Madison Ave., New York,
Feb. 12, 1876.

Dear Dr. Sutton:—I have received your letter of the 7th, and the fluid also which it describes, and reply to the former at my first leisure moment. I find in the deposit at the bottom of the fluid an immense number of *granular corpuscles*, which I think are *somewhat changed pus corpuscles*, with blood corpuscles much changed, and epithelium. I do not find any other corpuscle, nor plates of cholesterine, nor any crystals of hydrochlorate of ammonia, which are almost always found abundantly in ovarian fluid by drying the specimen on a glass slide. I did not test the fluid for albumen; it had undergone some degree of decomposition. I once met with an ovarian cyst with a dermoid cyst in its wall, not larger than a horse-chestnut. Understanding the dermoid to be congenital, as I have explained in my book on ovarian tumors, I concluded that the ovarian cyst subsequently developed pressed against the dermoid and raised it up, and carried it from its original position in respect to the ovary. As the hair, bone, and tooth show your cyst to be the true dermoid, I do not think the presence of the true "ovarian corpuscle" in it can be accounted for, except on the ground that it *is not always distinctive* of an ovarian cyst. As I hold, *it is not*, any more than Gluge's glomerule is. Taken, however, with other corroborative facts, it is a valuable aid in diagnosis. Yours truly, in haste, E. R. Peaslee.

We have here the views of two great American authors on the value of the ovarian cell as an aid to diagnosis, and the case in question, it is hoped, will prove additionally interesting from this fact, and encourage students of pathology to place the "ovarian cell," by careful research, in a permanent position.

A CASE OF COMPLETE ATRESIA VAGINÆ.

by A. F. Shelly, M. D.,
Of Philadelphia.

March 13th, 1874, I was called to see Miss Z., aged 15 years. I found her in excruciating pain, principally from inability to urinate; in attempting to draw off the water, I, to my surprise, discovered a large tumor pressing upon the perineum, and separating the labia majora, like the size of a child's head in the last or expulsive stage of labor.

I then drew off the water, which gave immediate relief; but the tumor remained the same, with the exception, perhaps, of being not quite so tense; the perineum, however, was distended to its fullest extent; I now made a thorough examination of the parts, and soon discovered that no orifice of the vagina could be found; I now directed my patient to place herself upon her elbows and knees, and then, by introducing my index finger of the right hand into the rectum (finding a considerable amount of resistance) and the end of my thumb upon the external surface of the tumor, I found unmistakable fluctuation, by which I was at once convinced that its contents must be fluid of some kind.

Now for the diagnosis. What can it be? My next important step was to pry into the history of the patient's former condition, and by questioning both mother and child, I was told that the patient had complained, at monthly intervals, of pain in her stomach, and her mother thought she was lazy and indifferent; always had good appetite, and these pains were of short duration, therefore she did not make account of them, thinking also that the child had arrived at the age when a change should take place, as she had never been unwell yet; signifying that she had never menstruated. Those pains and slight indisposition at intervals, I traced back to nearly, if not quite, one year; the child was well developed, and, to all appearances, healthy.

Percussion was now made over the lower part of the abdomen, and I found dullness extending in an arc from the middle of Poupart's ligament on one side, to the same point on the other side, and arching up four inches above the symphysis pubis.

I now commenced sailing pretty clear as to diagnosis, and felt assured that I had, for the first time in my experience of twenty-four years' practice, to contend with an imperforate hymen; the vagina certainly, and the uterus probably, having been gradually filled to extreme distention by menstrual fluid, increasing at monthly intervals for about a year, without inconvenience, except being inclined to costiveness (which would necessarily follow), and the slight indisposition before mentioned.

This being the first case I ever saw of the kind, I determined to make haste slowly, and determined not to cut (because of the difficulties and uncertain results that often have followed such operations) without first consulting some one who would be willing to share the responsibility with me. I now called on my esteemed friend, Dr. Ellerslie Wallace, Professor of Obstetrics in the Jefferson Medical College, who very kindly responded, and at once coincided with me in the diagnosis. Our meeting took place on Saturday, the 14th day of March, 1874. After conversing together and citing different modes of treatment, and the danger, oftentimes resulting in death, from metritis, peritonitis, and pyæmia; this being also the first case Professor Wallace ever saw, he said: "I often thought, and have said to my classes, that if I should ever have a case, I would not cut open the vagina and syringe it, nor cut it open at all, but would puncture the hymen with a grooved needle, and await results." "Why not try it in this case, Doctor?" said I: "if you had not met me this morning here, I would have punctured it, and done no more."

Now, puncture we did; but let me impress upon the mind of the reader the manner of making that puncture. I did not thrust in a bistoury; the puncture was made with an ordinary grooved needle, held between the thumb and index finger, and, with its groove upward, introduced from below upward in an oblique manner, so as to form a perfect valve, for the purpose of excluding every particle of air. I lay great stress upon the mode of procedure, for in it, I verily believe, lay the whole secret of success.

I would here suggest an instrument to be made expressly for the purpose; let it be of the size of an ordinary grooved needle, rounded at the point, well-grooved, with very sharp edges, and you have all that you require.

After the puncture was made, a very dark, pitchy fluid was discharged, in a sluggish manner, to the enormous quantity of at least four pints, in the next twenty-four hours; after that the discharge appeared to be of a mixed, bloody mucus, and muco-purulent character, and continued to be so for the period of about three weeks; becoming, however, less, and more watery, and at last very trifling in quantity.

From the nature of the discharge we inferred, what we had rather anticipated from the beginning, that the lining membrane of the vagina and uterus might have assumed a character somewhat resembling that of a cold abscess, into which had the air been admitted, metritis, and perhaps peritonitis, would almost assuredly have taken place.

The after-treatment consisted chiefly in keeping my patient in a horizontal position in bed, and under light coverings, within a temperate and well-ventilated room, keeping her bowels gently opened, and a light, nourishing diet, such as milk, broth, etc. I must, however, not forget to mention that, a few days after the evacuation of the pelvis, she felt inclinations to go to stool, with some uneasiness in her bowels; and I also found that her abdomen was fuller than I thought it should be, but without soreness on pressure, or the least febrile action. It occurred to me that there might be retained fecal matter, and by inquiring I was told that her discharge before the operation was of a ribbon-shaped appearance. I administered a few doses of ol. ricini, without effect; then resorted to injections, which, after a few had been given, composed of ol. ricini, terebinthinæ, and soap suds, had the effect of bringing away about a quart of fecal scybala. After that the abdomen assumed a pliable condition, and all went on well.

I kept her in bed and quiet until her next menstrual period, which took place April 7th, twenty-eight days from the time she first commenced to feel indisposed, which was on the tenth day of March (although I was not called to see her until the 13th, when symptoms became alarming). Her menses now came on quite naturally, and were allowed to flow through the puncture, with the exception of inserting the point of a bistoury, without cutting, however. No more pus passed away; only the natural menses of health were observed.

After the menses ceased flowing (which only lasted about four days), she was allowed to get up and go around the room, and gradually allowed a more substantial diet. The case was now left to take care of itself for about three weeks, and on the first day of May following we met again, and excised a circular portion of the hymen, in size to admit the index finger, the same being at least the sixth of an inch in thickness. We now deemed it advisable to explore the vagina, to learn the condition of that tube, and, as far as possible, that of the uterus also. Therefore, passing the index finger with great care and delicacy, we made a

complete examination by taxis, and found both the vagina and uterus to be normal in character and position.

The idea of postponing the excision was to wait until the second following period of menstruation, which would have a tendency to keep the orifice open. Instructions were also given to keep the orifice dilated with her own fingers for some time, to insure success. Perfect success followed, without one untoward symptom during the whole course of treatment. She has since menstruated regularly and enjoyed perfect health; and I have no doubt that if the same treatment be pursued in like cases, similar results will follow. Should such a case come under the charge of a professional brother, it would be gratifying to see it reported. I will now cite several authorities, to enable the reader to make comparison, at a glance, of the different modes of operation recommended.

Professor Meigs, "Woman and her Diseases," published in 1851, says: "Thrust a trocar through the membrane; when your trocar is withdrawn, and the detained menstrual fluid evacuated, pass a narrow straight bistoury, with a probe point, through the opened membrane, and cut it into four triangular flaps, carrying the incision nearly down to the level of the vaginal walls; and once in two or three days press through the opening thus made a silver gilt bougie, of proper size, so that when the cut edges are healed they may not leave a constriction of the vagina." (The books are full of such cases, which present very little interest, save that arising from the necessity of being careful in the diagnosis.) "There is no difficulty," he says, "in the treatment, either by the trocar or bistoury." Here Meigs ignores the dangers. But in his treatise on obstetrics, published in 1856, he says: "Open the hymen by means of a bistoury. If the womb should have been much distended by the collection, that organ immediately tends to contractions, that are felt in the same manner as after pains. It would be a prudent precaution, before doing this operation, simple as it is, to announce the no little risk that waits upon it, for it does sometimes happen that the abnormal state of the womb forces itself into a state of inflammation subsequently to the operation; and such inflammation may very readily assume the characteristics of mortal metro-peritonitis. I have done this operation for several persons, and have had cause of serious concern during a few days subsequent to the drawing off of the long retained products, on account of a following inflammatory disposition in the woman."

Scanzone (1856) treated five cases. He "incised the membrane longitudinally, by means of a lancet, and there flowed out a considerable quantity of black blood. In three cases the flow lasted many hours after the operation, and was accompanied with quite violent expulsive pains;" and he also speaks of a girl of 19 years, suffering for two years with violent dysmenorrhœic accidents, the cause of which was imperforation of the hymen, when during an access of colic this organ was suddenly ruptured, and allowed the escape of almost two pounds of fetid and decomposed blood. He says nothing of the dangers of the operation.

Churchill (1857) says: "We have merely to plunge a sharp-pointed bistoury through the membrane, at its upper part, enlarge it downward, making the opening sufficiently large, as it will contract afterward a good deal. Pressure should be made on the uterine tumor, until, by the evacuation of its contents, it disappears, and then a binder, with compresses, should be firmly applied.

"For a day or two we may allow the fluid to drain away quietly, but then it will be well to syringe out the vagina with warm water, and to introduce into the orifice a pledget of oiled lint, or a sponge tent, to prevent the orifice closing, etc. In many of these cases, if not in all, there is a disposition to peritoneal inflammation after the sudden emptying of the uterus, but this may be generally avoided by great care and quietness."

Erichsen says: "Incision of the membrane is the only remedy," and says nothing about the dangers.

S. Cooper ("Surgical Dictionary") says: "The patient may be easily relieved by a crucial incision, or by a simple cut, the edges of which are kept apart by a tent," and says nothing about the dangers.

Baker Brown (1871): "Divide the hymen by a crucial incision, and after the escape of the black, treacle-like, and fœtid fluid, syringe the uterus well out, with warm water, and afterward apply a bandage around the abdomen. This appears very simple and easy, yet many young women have lost their lives from subsequent

peritonitis, and the subject is worthy of careful investigation."

Sims (1866) advises a simple puncture, with an exploring needle, leaving the gradual evacuation of the fluid to nature and time. The object of this is to allow the uterus time to contract, as its contents slowly ooze away. "I would give ergot, till its specific action was produced on the uterus," before the puncture, "for the purpose of insuring uterine contraction while the fluid was being evacuated. Against the crucial incision I would seriously warn the inexperienced, as, simple as the operation is, it is fraught with great danger, in consequence of a rapid evacuation of the retained fluid."

Atthill (1872) describes one (his only) case: "The fluid was first slowly and cautiously evacuated through a small canula; an exit was thus given to a large quantity of a dark, inodorous fluid, and subsequently the membrane was freely divided by a crucial incision."

Leischman (1873) alludes to imperforate hymen as "rendering an operation necessary, which is usually a very simple one," and says nothing of the mode of the operation or of its dangers.

West (1864) says, "a fatal result, due to inflammation, has sometimes followed an operation as simple as the mere division of an imperforate hymen; this has in some instances been produced by blood being poured through the fallopian tubes into the abdominal cavity, notwithstanding that an opening into the vagina existed, of ample size to allow of its ready escape in the natural way."

Byford (1865) advises to "tear through by pushing the index finger forcibly against the hymen. This failing, introduce an exploring trocar into the containing sac, and, guided by this, freely incise the most dependent part. The opening ought to be free, the blood all evacuated, and the cavity washed out with tepid water. The opening will have a tendency to close, and we can avoid this best by introducing the finger every day for two or three weeks. The injection must be repeated twice a day for the first ten days or two weeks. There is often a strong tendency to peritoneal inflammation soon afterward, which not unfrequently proves fatal. Pyæmia is another danger, and is to be avoided only by the thorough cleansing of the cavity I have described."

Hewitt (1867) suggests that an "opening just large enough to allow of the escape of a very minute quantity of fluid be made at first, and that this opening should be made obliquely in the obstructing membrane, giving it a valvular character. The fluid should be evacuated guttatim. If the opening become closed, a second and similar opening to be made the following day, or two or three days later, and a firm but gentle support given to the abdomen by the aid of a bandage during the evacuation of the fluid. The aperture should not be incised until the uterus has returned to its proper dimensions."

Hutchison (1871) says, "the method of operating has usually been to make an incision of a crucial form, etc. Clinical experience has shown that it is attended by much danger to life. In a very considerable proportion of such cases peritonitis comes on, and death ensues. It may easily be supposed that the retained menstrual fluid is in a condition peculiarly apt to undergo decomposition as soon as air is admitted, and not unlikely, when decomposed, to induce a form of endometritis. Post-mortem observation has demonstrated that some of the retained fluid finds its way upward, through the fallopian tube, into the sac of the peritoneum. The fallopian tubes, as well as the uterine cavity, are often very greatly dilated. The uterus, by its contractions after evacuation, may possibly drive a certain portion of fluid backward. It may easily be supposed that the tubes, already distended and thinned, are unable to empty themselves quickly, whilst a powerful organ like the uterus excited to contraction by the escape of its contents would rapidly do so, and thus close the aperture of communication. I am not aware of any published cases of death after incision of imperforate hymen in which there was post-mortem proof that no escape of fluid into the abdomen had taken place. To make a very small incision, and thus allow the fluid to drain slowly off, instead of at once permitting the uterus to empty itself, has been proposed, and with much plausibility. Still it is probable that, however slow the escape might be, the uterus would act energetically throughout the whole time, thus preventing the evacuation of the thin and feebly muscular tube. With the view of retarding this action, it might possibly be well to put the patient, before the puncture, under the full influence of tartar emetic, and keep her nauseated for twenty-four hours afterward."

Barnes (1873) in contrasting the making of

"a very small opening in the hymen," with that of "a free incision at once, and even proceeding to wash out the cavity," says, "it is to be apprehended that cases will continue to occur in which a fatal result will follow any method of treatment. A plan which I should be disposed to try, is to draw off a little at a time by the aspirator-trocar, so as to effect a very gradual diminution of the cavity before freely dividing the obstruction.

"Death has followed both methods. I believe the opening should be sufficiently large to admit of easy evacuation, and that to prevent the entry of air, a compress should be applied over the uterus, and sustained by moderate pressure with a bandage.

"Injections have been used to wash out the uterus. It is doubtful whether this is a good practice at the time of the operation, but if there should arise decomposition, the gentle injection of a weak solution of permanganate of potash or carbolic acid will be desirable. After a few days it is proper to enlarge the opening by removing a circular piece of membrane, etc.

"Symptoms of peritonitis, indicating that retained fluid has suddenly escaped into the peritoneal cavity, have set in on the third or fourth day. The contraction of the uterus leading to this catastrophe does not take place immediately after the operation." He then speaks of a case where "a very small incision was made; the patient remained well for two or three days. Surgical fever set in, and in a few days she died. The autopsy showed that the interior of the distended uterus had become the seat of a very intense inflammation, which had spread thence and led to a severe and fatal peritonitis. This was probably set up by air getting into the uterus, and causing decomposition and septicæmia. It strengthens the argument for free incision and washing out the uterus."

Thomas ("Diseases of Women," 1874) says: "The sudden evacuation of menstrual blood, which has been for a long time imprisoned in the uterus and vagina, is always a procedure attended by danger." And he advises "the use of the aspirator to remove the fluid very gradually and not at one time. Once in three or four days a portion may be drawn off by aspiration, until the cavity is emptied. The sudden emptying of the uterus causes contraction of the fallopian tube, and emptying of the tubal contents into the peritoneum is the consequence. The danger is diminished by gradual evacuation of the mass of blood in the uterus. Having very gradually drawn off all the blood which will flow, the action of the aspirator should be reversed, and the emptied cavity thoroughly and repeatedly washed out with warm carbolized water. Then the patient should be kept perfectly quiet in the horizontal posture, and under the gentle influence of opium and quinine, for four or five days." He adds, that "Bernutz practiced puncture by a very small trocar guarded by gold-beater's skin, to be followed after evacuation of all the retained blood, and diminution of the size of the distended uterus by an extension incision of the membrane and the employment of dilatation."

Thomas also speaks of "the array of fatal cases now on record from sudden evacuation," etc.

A volume of comments might be written upon the foregoing authorities, but I leave it to the intelligent physician to analyze them, and he will discover that all the good points are contained in the treatment described in my case. Suffice it to state what ought to be positively avoided.

First. Incision.

Second. Syringing, or washing out the vagina (unless for especial, untoward occurrences).

Third. Compresses, as they will in no wise tend to exclude air, and will only prevent nature from performing its proper function.

Fourth. By no means apply pressure for the purpose of expediting evacuation, as mischief is sure to follow, by bringing on premature and excessive action of the uterus, and forcing the contents back into the fallopian tubes, upon which so much stress is laid by some of the authorities quoted.

Fifth. Do not give ergot before the operation, for it is not necessary to arouse the energy of the uterus; nay, you may be glad if it does not arouse too suddenly; should it, however, do so, you must even meet it with proper agents, to subdue it.

Last and not least. Do not perform your final excision of the membrane until after the first period of a natural flow of the menses, when a sufficient portion should be excised, with proper instructions to keep the orifice well dilated, that final success may be assured.

A CASE OF SUPRA-PUBIC LITHOTOMY.

REPORTED BY C. W. DULLES, M. D.,

Of Philadelphia Hospital.

In response to a request appended to an article on supra-pubic lithotomy in the *American Journal of the Medical Sciences*, for July, 1875, Dr. Thomas W. During, of Chicago, has been kind enough to report to me the following case, which, with his consent, I now publish. It illustrates very forcibly the simplicity of the method, and the safety with which it may be practiced, under the most disadvantageous circumstances, by a man of skill and ingenuity.

I wish here to renew the request made last year, that surgeons who have time, and find it convenient, will report to me any cases done by them, or coming under their notice, which are not contained in the paper referred to, since the subject is still under investigation.

In April, 1870, while on the frontier, in Sedgwick county, Kansas, John Regan, a Texas cattle-driver, 46 years of age, was brought into camp. He was the subject of recurrent spasms (by recurrent spasms, I mean that before one paroxysm would entirely cease another would supervene). From his attendant I learned that about six hours previously he had been struck in the perineum with the pommel of his saddle, and that he was subject to "sudden stoppages" of his urine, which were followed by slight spasms. Introduction of the catheter and rectal examination revealed the presence of a cystic calculus, and bilateral prostatic enlargement. Morphia and chloroform failing to give relief, I determined upon operating. Having no instruments with me save those contained in a pocket case, I was perplexed. My thoughts were at first entirely directed to the perineal operations, thinking that I might use my combination catheter as a staff, and trust to my fingers and a pair of fair-sized polypus forceps for extraction. This plan, however, presented little prospect of feasibility, to say nothing of success. Thus perplexed, I began to review in my mind the anatomy of the several approaches to the bladder, and resolved to extract the stone from above the pubes.

The patient being on the ground, I removed the hair from the pubic region as best I could, with scissors; made an incision about three inches long through the linea alba, down to the distended bladder, which I secured with a tenaculum, and then drew off its fluid contents, amounting to about two pints, with a small exploring trocar. The bladder was now opened with an incision about an inch long, the index finger introduced to ascertain size, position, etc., of the calculus. Two calculi were found, and extracted with the polypus forceps. One of these weighed three drachms one scruple, and the other five drachms fourteen grains. On examination, they were found to be parts of a single calculus, which had been fractured by the blow on the perineum.

The bladder was cleansed with tepid water, and its edges brought together with a glover's suture of one strand of ordinary silk. The wound in the abdomen was closed with five deep interrupted sutures, and water dressing applied. Prior to closing the bladder, I found that by bending the catheter slightly in the region of the fenestra, so as to approximate, in a measure, a prostatic catheter, it could be passed into the bladder, and I depended upon its use to empty this vessel. After the operation his urine was drawn off at intervals of six hours, and the bladder washed out each time before the catheter was removed. The syringe for this purpose was constructed of a rubber tobacco-pouch and the canula of my exploring trocar.

The case progressed favorably, without any back-set, despite the disadvantages under which the patient labored. On the fourteenth day he left camp with his friends, free from any vesical disturbance, save what would be attributed to the prostatic trouble, and, as he expressed himself, "good for forty-six years more."

The entire calculus was rough, oval in shape, somewhat flattened on the two sides, and consisted of concentric layers of uric acid, around a smaller oxalate of lime nucleus.

SALICINE IN OTORRHŒA.

BY E. H. JACKSON, M. D.,

Of Lancaster, O.

Every physician is aware that the success attending the treatment of ulceration of the ears, or of chronic otorrhœa, is not the most flattering, varied as the resources may be. With myself anything but a justifiable result in most cases was obtained, until I changed to adopt salicine and calcined magnesia in combination. To the former of these I attribute e curative

power, though the latter is an excellent therapeutical adjuvant.

My experience with these remedies has been considerable, and I have yet to see the first case devoid of benefit. Of course there are some ear cases (as in all other classes of diseases) that cannot be relieved by any remedies so-called, but I am persuaded that by these means they are made to decrease in numbers. My method of treatment is as follows:—Ascertain the difficulty, its extent, nature, and state, either by natural or artificial examination, preferably the latter, *i. e.*, by the otoscope, speculum (Wilde's), mirror, etc. By these means you are better able to begin treatment intelligently. Prior to each examination and application, syringe the ear well with tepid water; this may be soapy or clear; it should be soft water. Exercise care in this, as there is danger in undue pressure of the water upon the ear as it leaves the syringe. Place the syringe so that regurgitation may be unobstructed, and yet so that the water may freely reach the interior. After the ear is thoroughly cleansed and a speculum adjusted, blow into it through a quill—

℞.	Salicine,	gr.ij
	Cal. magnesiæ,	gr.iv.

and insert a small piece of cotton. Should the discharge be excessively offensive, the cotton can be wet with chlorinated soda, which will tend to allay the fetor. This process should be renewed every two or three days, observing well the effect, and varying the proportions of the medicine as demanded. In general, constitutional treatment is unnecessary, unless the otorrhœa depends on some dyscrasia. Much good, in the above procedure, attends the use of the water injections, but it is only a modicum compared with the salicine and magnesia. I am satisfied, patient, continued use of these means will meet the desires of many who have hitherto been disappointed.

Painful Points in Neuralgia.

More than a score of years ago, M. Valleix, the distinguished author of the "Guide du Medicin Practicien," called attention to the frequency of vertebral *points douloureux* in neuralgia, and the necessity of directing the treatment to them. Prof. Duplouy, of Bordeaux, now publishes the particulars of three cases of neuralgia that resisted all other treatment, and eventually rapidly subsided after the application of blisters to these points.

Medical Societies.

INTERNATIONAL CONGRESS OF MEDICAL SCIENCES, BRUSSELS, 1875.

ABSTRACT OF THE SECTION OF OTOLOGY.

(Translated* and Epitomized for the Medical and Surgical Reporter.)

President, Dr. Delstanche, Sr.

Secretaries, Messrs. Delstanche, Jr., and Ledeganck.

The first meeting occupied two hours and a half, with a short address by the president, in which he remarked he was happy to be able, after the Government and the municipality, to wish, in his turn, a welcome to the associates who had been willing to come to the Congress at Brussels.

He deplored the absence of the German physicians, detained at the Congress at Gratz, and who would have contributed largely to raise the éclat of their scientific debates; he presented their regrets, and expressed the hope that they would be able to assist, in full force, at the next reunion; nevertheless, the presence of some eminent specialists from Italy, France, Holland, and Russia, allowed him to hope that the session which opened to-day would not be fruitless in its results.

The president, after having declared the mission of the Provisionary Bureau terminated, proposed to pass immediately to the installation of the Definite Bureau.

According to the advice of the assembly, the Provisionary Bureau is maintained in its functions.

Messrs. Guye, of Amsterdam, and Sapolini, of Milan, were named honorary presidents.

The meeting adjourned, after a session of three hours and a half.

Meeting, September 20th.

The meeting lasted eleven hours. President, Mr. Guye.

The first order of the day was the reading of the report of Mr. Delstanche, Senior, "Upon the means of measuring the hearing, and of recording the degree in a uniform manner in all countries."

The following conclusions were arrived at in the report.

1. In its normal state, the ear perceives equally well all sounds that strike it, whatever may be their motive. Consequently, a simple single toned "*acoumetre*" might be used as a common measure of the hearing in all lands.

In its pathological state, on the contrary, the hearing varies with the individual case; the deafness is sometimes partial and exclusively for certain sounds and certain isolated tones, as if some of the keys in the acoustic apparatus were lost out; in other cases it is more general, and is more or less impaired for all sounds. In such cases it is evident that a mono-toned

* Archiv für Ohrenheilkunde, Bd. x, heft iv, Leipzig, 1876.

"acoumetre" would not suffice; the examination cannot be complete without the aid of different "acoumetres," or better, one instrument combining the various acoustic elements, such as sounds and tones of varying height or intensity, isolated or combined among themselves, according to the desire of the physician. That one of which we have just given a description unites these conditions in a certain measure, but it will be a long time before we are able to arrive at an imitation of the human voice; the examination with the voice will be an indispensable complement of all artificial tests.

2. The *metre* ought to be our standard for measuring distances. If the "acoumetre" is not heard at a distance, the methodical employment of the diapason would give a more or less exact appreciation of the degree of hearing.

3. Numbers of formulæ for registration have been proposed, but so far as precision and conciseness are concerned, no one of these are equal to the abbreviated method in use for indicating the frequency of the pulse, respiration and temperature of the body. Represent, for instance, the words watch, timber, voice, ear right and left, by their initials; the distance the patient can hear the watch, and the distance it should be heard, by means of metres and centimetres.

Mr. Guye presented a communication "On the Danger of Respiration through the Mouth," with reference to the integrity of the ear. He mentions the fact that in medical literature but little notice is taken of the injurious practice among the deaf of breathing through the mouth. He also states that the nasal breathing fulfills certain indications which the buccal breathing cannot. They are threefold. 1. The sense of smell obviates the introduction of impure air. 2. The moisture of the nasal walls gives a certain degree of aqueous saturation to the inspired air, thus rendering it less irritating to the mucous membrane of the throat and larynx. 3. The infractuosities of the nasal organs serve to catch the particles of solid matter suspended in the air, this being proved by the quantity of dust sometimes found accumulated in the nostrils. These points show the defects in the buccal respiration.

The contact of dry air often produces disorders of circulation in the region of the pharynx, particularly chronic catarrh, which may easily be transmitted through the Eustachian tubes to the tympanum.

Granular or adenoid pharyngitis may originate from this cause.

In order to overcome these conditions, it is very necessary to re establish the respiration through the nose. When we cannot do this through the will of the patient, as for instance in children, it is recommended to make use of a little apparatus something like the English respirator, except that it does not allow of the passage of air. Mr. Guye cites cases of deafness from catarrh which have been much relieved by the use of this method alone.

M. Bonnafont read a paper "On the Legal Responsibility of Deaf Mutes." He began by establishing the fact that the absence of the sense of hearing exercises a most deleterious influence on the development of our faculties, and renders difficult all means of instruction and education. The intelligence of the deaf mute not being accessible to abstract ideas, we cannot expect to find in them a notion of conscience which permits the appreciation of the acts emanating from the intelligence. He refuses to admit that the deaf mute is capable of receiving an unlimited amount of education, and thinks, at best, that it can only be an *approach to an education*. Again, in this respect, it is necessary to make a distinction between congenital and acquired deaf-mutism. Between the uninstructed deaf-mute and the idiot, there is not much difference. M. Bonnafont endeavors to prove that the deaf-mute is devoid of dangerous propensities, quoting Itard, who declares that he has never seen a single deaf-mute become insane. Now, as this imbecility is in direct opposition to intellectual development, we have furnished a new argument in reference to the legal responsibility of those affected with deaf-mutism. This failing in the education of the intelligence belonging to them, makes itself felt through phases of their lives. If they learn to write, they generally make attempts in a childish or idiotic language, which shows an absence in precision of judgment. Then, he believes that legally the deaf-mute should be treated as the idiot. It has always been considered that deaf-mutes should be excluded from general social life. The ancients, believing that such conditions resulted from consanguineous marriages, prohibited such by law. Those laws, though sometimes severe, were nevertheless a blessing to humanity, as a check on the deterioration of the species.

Communication by Mr. Sapolini, on "Instruments for Extracting Foreign Bodies from the External Meatus."

He demonstrated the inefficiency of the instrument in general use, and exhibited an instrument of his own invention, which possessed all the requisites of such an apparatus, without the defects of other instruments. It is composed of two curved blades, one finer, the other capable of rotating on its own axis. They fit closely on each other, in a cylindrical tube of sufficient length. The blades fit in each exactly, so as to make but twice the thickness of one. They are passed so closed along one surface of the foreign body, and then the movable one made to describe a semicircle about it, so that the body is held between the blades, as in a pincette.

A more detailed description is found in a brochure of the author, "Nuovo Instrumento per l'estrazione dei Corpi Stranieri del Condotto Acustico Esterno."

M. Bonnafont presented his "New perforator for the membrana tympani." He mentioned the value of perforation, comparing it with the operation of cataract in eye surgery. He spoke also of the difficulty in keeping the

opening patulous. The instrument consists of a trocar armed with a little movable eyelet of aluminium, to which is fastened a thread which passes out through the meatus, by which the eyelet may be withdrawn if it become displaced; after perforating the membrane with the trocar, the eyelet remains fixed in the opening, by means of a little circular plug which opposes its displacement.

Mr. Van Hook presented a communication on salicylic acid. This agent has been employed by him with great success in all cases of invetcrate otorrhœa. He had seen cases when the discharge had continued in spite of the employment of other most highly recommended remedies, and then disappeared, as if by magic, under the salicylic acid. Without pretending to decide positively as to the mode of action of this remedy, he is inclined to attribute the success obtained to its action on the bacteria and vibriones, similar to that of the acid phenique, but more certain in its action, and not presenting the inconvenience in the penetrating odor, so disagreeable to the majority of patients. The speaker extolled the use of this new agent, especially for those cases which the physician can only see at certain intervals of time. He makes use of a solution of one per cent.

Mr. Ogston observed that the acid is advantageously dissolved with borax.

A discussion ensued among the members of the society as to their preference for the various topical applications, each application having its advocate. Considerable variation in opinion as to the quantity of salicylic acid was expressed.

Mr. Ledeganck moved that, owing to the uncertainty in regard to the use and action of the acid, further consideration of it be postponed until the next session of the congress.

Mr. Guye concurs in the above, inasmuch as the subject has no *special* application, but belongs to general surgery and medicine.

Mr. Ogston believes that the salicylic acid does not interfere with the healing or cicatrization of the sore, while the acid phenique does present this inconvenience.

SEPTEMBER 25TH.

M. Delstanche again brought up the subject of deaf-muteism.

Those who claim for these unfortunates a certain degree of responsibility (in accordance with their education) do not take sufficiently into account the special condition in which they live. One does not take into account their irascibility; on the slightest provocation they often fly into the most violent rage. Again: there are many of them epileptics. M. Bonnafont remarks that among some people they are banished from all society, while in other lands they are looked upon with a sort of veneration. The deaf-mutes of our country places are infinitely to be preferred to those found in the great centres of population.

Mr. Ogston made some remarks on M. Wreden's observations, concerning the entrance of air into the middle ear at time of birth. It is said that on examining the cavity in a fœtus at term, the cavity is filled with a sort of gelatinous substance, which disappears gradually as the air penetrates the middle ear, during the efforts at respiration. The medico-legal importance of this point Mr. Ogston has been developing by means of personal research. Up to the present time the observations embrace ten or twelve cases; four in which life had ceased on the first day, six or seven in which death had followed in from one to three weeks. The results were very diverse. In the one child dying the day after birth, the cavity was found nearly empty, while in those of two or three days old there was considerable gelatinous substance, and scarcely any air; so that, though this condition has no absolute value, it is still a positive sign that life has been there. As to the absence of air, we must bear in mind that it might have been excluded by imperforate Eustachian tubes.

Mr. Delstanche, Jr., remarked that Mr. Wendt, of Leipzig, had made still more recent observations on over three hundred ears of fœtus and new born children. To account for the disappearance of the gelatinous substance in the still born, he allows the possibility of intra-uterine respiration.

Mr. Sapolini offered to the assembly the following propositions:—

1. He wished to see established an international investigation, concerning the statistics of deaf mutes in all countries. The investigation to occupy itself not only with deaf mutes, but also to include cases of simple deafness, and mutism, of which he knew, himself, two instances, and also cases of stammering. These two last being so intimately connected, and having their origin in the same primary lesion of the nerve of Wrisberg. Mr. Sapolini considers the nerve as the thirteenth cranial, having for its special function the articulation of words.

2. Mr. Sapolini wished that the efforts made by Mr. Delstanche, Sr., to secure to the profession a universal "*acoumetre*," might be continued. Mr. D. has demonstrated a scientific basis for its construction, and he desires that his efforts may be crowned with success and his wishes result in an established fact.

Jaborandi in Colds.

A French writer suggests that we are now in possession of a medicine which is destined to render signal service in colds. It is jaborandi, which, by its sudorific properties, and by its exciting action on the glands of the air passages and salivary glands, combines the principal pharmaco-dynamic effects that have heretofore been sought from various medicines. An infusion of one drachm of the leaves in a small quantity of water constitutes an efficient means against colds, if taken early.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Temperature of Paralyzed Limbs.

The *Doctor* quotes some remarks by Professor Schiff, on this subject, from *Lo Sperimentale*. The investigations were commenced owing to the peculiarities observed in a case of injury of the spinal cord, with paresis of the right leg. The temperature was observed to be several degrees lower in the paralyzed leg than in the healthy one. The latter sweated profusely, the other not at all. The converse of this state of things has been often noticed. Prof. Schiff's experiments show that a dilatation of the blood-vessels, with considerable increase of temperature, follows section of the nerves of the vessels of a limb; but the increase at the end of two or three days is scarcely $\frac{1}{10}$ or $\frac{1}{20}$ what it was at first, and the fall is rarely delayed for a week. The fall of temperature thus takes place at a period when there can be no question of regeneration of the divided nerve. But the fall is never so great that the temperature of the paralyzed limb is not higher than that of the healthy one.

How is this decrease of temperature in the first few days to be accounted for? Schiff considers it to be probable, or almost certain, that just as the motility and sensibility of any particular region are supplied through several nerves, so there are several vaso-motor nerves regulating the same district. If, for instance, a sensory nerve be divided, it will be found that the portion of the skin which had lost its sensibility will recover it, after a few hours, or at longest a few days, over the greater part or the whole of its extent. This can only be explained on the supposition that the central organ has lost its perception of stimulation through the failure of action of one nerve, but that after some time it becomes accustomed to the diminished stimulation, just as the retina after being exposed to bright light only gradually becomes accustomed to the dark. The very same conditions hold good for motor and for vaso-motor nerves, and we thus obtain an explanation of the fact that the temperature after section of vaso-motor nerves is at first much higher than subsequently.

Observations of the temperature of paralyzed limbs (spinal paralysis) may therefore give different results according to the time at which they are taken.

From further most elaborate observations, continued day and night, Schiff has shown that the temperature in paralyzed extremities is subject to certain variations independent of the temperature of the body and of the surrounding medium. Two or three such may occur in twenty-four hours. In paralyzed limbs, subjected to the same injuries, these variations are not always parallel; while one is very warm, the other may be cold. If only one limb is paralyzed the healthy one will also exhibit changes of temperature, which, however, are far more rhythmical than in the paralyzed limb. In general these changes are more limited in the paralyzed limb; when there is fever the temperature of the affected limb is not so much increased as in the healthy one. The complete loss of motion of the paralyzed limb may tend to diminish its temperature, as well as inflammatory processes in the central mass, which cause considerable loss of temperature in the paralyzed limb by irritation of the vaso-motor nerves.

The Varieties of Phthisis.

The following classification is made by Dr. J. E. Pollock, in a clinical lecture published in the *Lancet*:—

Acute tuberculosis.

1. Passive invasion of the whole lung by miliary tubercle.
2. Progressive deposits; rapid softening.

Simple alveolar catarrh.

1. Cellular products expectorated (recovery).
2. Alveolar products soften; collapse of walls (recovery).
3. Alveolar products remain, become caseous, cretaceous (obsolescent tubercle).

Catarrhal pneumonia,
Broncho-pneumonia,
Lobular pneumonia.

Alveolar walls, lung-tissue destroyed (cavity).

Lymphatic phthisis,
Adenoid (Sanderson),
Tubercle (Laennec).

Overgrowth of lymphatic tissue; lobular pneumonia deposits; softening; vomica.

Fibroid phthisis.

Of various origin. Interstitial fibrous growth; contracted lung (chronic phthisis).

He quotes Stokes' remark, that "localized bronchitis with dullness is phthisis," and adds, "so is localized pneumonia, which does not clear up within a certain time."

Simple alveolar catarrh derives its importance from its being limited Spread over a whole lung, or both, it is bronchitis. It is often insidious. *Catarrhal pneumonia* is accompanied by a greater exudation of inflammatory products; here is broncho-pneumonia or lobular pneumonia. The alveoli suffer, their walls break down, and we have a cavity, but, according to modern pathology, there may be no tubercle. At the same time, these are the changes so well described by Laennec. *Lymphatic phthisis* he classes with Sanderson's *adenoid*. Overgrowth, under irritation of the

adenoid tissue, is capable of fatty degeneration, breaks up, liquefies, is removed, as seen in external glands. It is also capable of fibrous transformation. But, apart from theory, Dr. Pollock thinks the destructive forms—lymphatic, ordinary tuberculous, or pneumonic, including what was formely called struma—comprising most cases of ordinary phthisis, group well together. *Fibroid phthisis*, he considers, includes several varieties, and chronicity is its character. In fact, it is only chronic phthisis that gives time for fibroid changes.

The Eucalyptus Globulus as a Cancer Remedy.

The profession may well look with distrust on alleged "cancer cures," but the journalist must not omit to mention them. The latest is the famous *eucalyptus globulus*. The *Doctor* quotes six cases reported by Prof. Luton, of Reims, in the *Progres Medical*, all successful; and, as Prof. Luton is a respectable practitioner, and the subject most interesting, we give them:—

The first case was that of a woman, 78 years of age, suffering from an encephaloid tumor of the breast, in whom the administration of the tincture of eucalyptus was followed by phlegmonous swelling of the tumor, erysipelatous redness of the surrounding skin, mortification of the tumor, and rapid falling off of the eschars, accompanied with fever, lassitude, anorexia, furred tongue, headache, and delirium. The cicatricial remains of the tumor had a keloid appearance, and represented the stroma of the original disease. In spite, however, of the continued use of the tincture, this mass subsequently increased in size, and began to assume some doubtful signs of malignancy, when Prof. Luton substituted the powdered leaves of the eucalyptus, one gramme daily, for the tincture, and after three or four days the same phenomena of death of the tumor occurred as on the first occasion. The patient is still under observation, and hopes are entertained by the Professor that the case will terminate in complete cure.

The second case was that of a woman, sixty-eight years of age, suffering from symptoms of cancer of the stomach for nine months, and a tumor in the abdomen as large as a turkey's egg, to the left of the epigastrium, and apparently attached to the surrounding parts. She was ordered ten grammes of the tincture of eucalyptus daily, with divers interruptions, during five months, and at the end of that time the tumor had become much smaller, isolated and more movable, less firm in consistence, and more sensible to pressure; and at the same time the patient had lost the cachectic appearance, and appeared in better health. During the interruption in the administration of the medicine, the patient's sufferings were increased, and the return to it produced a marked amelioration. She is still under observation.

The third case was that of a man, fifty-three years of age, suffering from a tumor in the right hypochondriac and epigastric regions, and presenting many of the subjective symptoms of cancer of the stomach. After three months' treatment by the tincture of eucalyptus, ten grammes daily, the patient was much better, and the tumor had diminished in size and consistence. He is still under treatment.

The fourth case was that of a man, 52 years of age, suffering from cancer of the stomach for ten and a half months, and in a much worse condition than the two preceding. In fact, he was reduced to an incredible state of consumption, by the incessant black vomiting, and was almost moribund. Ten-gramme doses of the tincture of eucalyptus were administered, with great relief to the symptoms for a short time, but the vomiting soon returned, and could only be controlled by subcutaneous injections of sulphate of soda. The patient is still under observation, and Professor Luton considers that his life has been considerably prolonged by the treatment.

The fifth case was that of a woman, 45 years of age, suffering from excessive metrorrhagia, uncontrollable by the usual hemostatics, with symptoms of cancer uteri in its early stage. The hemorrhage was completely controlled in less than eight days by ten grammes of the tincture of eucalyptus daily. After the relief of the metrorrhagia, the woman would not submit to an examination, so that there is some doubt about this case.

The sixth case was that of an old gentleman, nearly 80 years of age, who had had an epithelial cancer removed, by the knife, from the root of the nose; but the disease subsequently returned, and attacked the nose and angle of the right eye, producing a large ulcerating tumor, which bled excessively. The first dose of the tincture of eucalyptus produced a sensible effect, and after a very few more the tumor perished and was thrown off, leaving a large excavation with healthy granulations. The process of reparation proceeded most favorably, and was almost completed at the time of publishing the case.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A pamphlet of 16 pages has reached us, containing two poems by Dr. W. T. Battles, of Shreve, Ohio. The first and longer is entitled, "Mrs. Adam, M.D.," a humorous, rhythmical commentary on woman as a physician. The second is an elegy on the death of Dr. A. Metz, whose meritorious writings, as well as high personal character, excited wide-spread regret at his sudden decease. The pamphlet can be had of the author.

THE

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A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M. D., EDITOR.

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NUMBER 1000.

The present number of the MEDICAL AND SURGICAL REPORTER is the *one thousandth* time this journal has issued its regular edition to subscribers. With but one exception, this is an unparalleled life for an American medical periodical. The respectable *Boston Medical and Surgical Journal*, now in its ninety-fourth volume, we believe can display the most numerous trophies of longevity. Except it, not another medical publication has reached its millennial issue, until this week the REPORTER assumes this honor to itself.

A brief review of its life during this period will be an appropriate close to its first thousand editions.

Commenced at first as a local journal, the "organ" of the New Jersey State Medical Society, it was published in Burlington, in that State, under the supervision of a committee appointed by the Society at its annual meetings. It is said that a council of war never fights; not less true is it that a committee of a society never edits. Consequently, the *New Jersey Medical and Surgical Reporter* found but an uncertain and languishing existence. To every appearance, it was to prove but one of those numerous literary progeny whose tenure on life is quite as slight as that of a foundling in an orphan asylum. Few struggle through the first three years, and a ten-year-old is truly an "infant phenomenon."

The committee, who, as usual, always had something else to do, transferred their charge to Dr. JOSEPH PARRISH, then residing in Burlington. He gave it careful attention, and prevented it from succumbing absolutely, though it remained far from promising a long or brilliant future.

About this time Dr. PARRISH associated with himself in practice Dr. S. W. BUTLER, then a young man, a graduate of the medical department of the University of Pennsylvania. The latter entered into the literary department of the office with unusual zeal; and when Dr. PARRISH left Burlington, in order to devote himself to the specialty of the treatment of inebriates, in which he has since become justly distinguished, Dr. BUTLER continued the publication with renewed enthusiasm.

Finally, in October, 1858, he risked the daring venture of changing the quarterly into a weekly, dropping the local prefix to the title of the journal, and removing its place of publication from Burlington to this city. In this enterprise he was aided by Dr. R. J. LEVIS, now one of Philadelphia's most eminent surgeons, to whose energy and literary skill much of the initiatory success of the undertaking was due.

Until the outbreak of the war success was rapid, and the subscription list indicated that constant lengthening so cheering to the editorial mind. But when that great catastrophe descended on the land, no interest felt it more sorely than scientific journalism. Never

at any time, however, was the publication of the Reporter suspended. Though some irregularity was unavoidable, it yet maintained its existence in the midst of trials which overthrew nearly every other medical journal, North and South.

At the close of the conflict it rapidly regained its circulation; and as Dr. Butler had then its sole charge, he felt it fast increasing beyond his strength. He found much difficulty, however, in selecting a suitable assistant editor from among his acquaintances. Those whom he wished, could not leave their posts; those who could leave, were not qualified. At this juncture, a mutual acquaintance proposed the present editor, then unknown to Dr. Butler. A meeting was arranged, and in May, 1867, the names appeared jointly as editors.

The following year the Half-Yearly Compendium of Medical Science was commenced, under the joint editorship. Since then a regular and steady increase of the circulation of these periodicals has characterized each successive year.

In 1873 Dr. Butler's health commenced to fail, tendencies to some lingering forms of phthisical disease developing themselves after a light attack of pneumonia. Early in the following year the present editor was left in sole charge of both publications.

He has to thank the kindness of the many professional friends for their continued support and oft-expressed approbation of his efforts to keep the Reporter up to the high-water mark of journalism. Its pages are never sold; they are independent of societies, colleges, and publication houses. Free from all bias in such directions, they are equally so from local and personal prejudices, likes or dislikes. Scientific truth, especially that which concerns itself with the diagnosis and the treatment of disease, and the maintenance of professional solidarity, these are its aims. If they are accomplished, the main end will have been reached.

Journalism of this nature offers no prizes; there is very little "money in it;" it is no pathway to fame; it involves heavy and constant labor for which there is no vacation, no suspension. Its recompenses are only evident to those who have an inborn turn for pen-work, and who find in such labor a congenial, self-remunerative employment. But, if honestly pursued, its results must be widespread and lasting; and this consideration is the best fruit it ripens.

Notes and Comments.

Sexual Diseases in Virgins.

One of the most delicate and difficult positions of the young practitioner is when he is called to an unmarried woman, and, suspecting disease of the sexual organs, feels in duty bound to investigate the case. To one such the eminent gynecologist, Dr. Graily Hewitt, writes as follows, in a late number of the *British Medical Journal*:—

1. It is possible, by a carefully conducted digital examination *per rectum*, to obtain very valuable information as to the state of the uterus, in cases where a vaginal examination is not desirable. In a well marked case of flexion of the uterus, this method of examination reveals the fact to the observer without difficulty. This method, therefore, should be adopted in the first place, and the further steps to be taken will depend on circumstances. The presence of a long-standing fixed discomfort, referred to the pelvic region (disease of the bowel being excluded from consideration), justifies an exploration such as above mentioned. 2. Flexion of the uterus is not uncommon in unmarried women. 3. As regards the best treatment for it, that is a wide question; but I would state that if recent and slight, a positional treatment alone often gives satisfactory results. By "positional treatment," I mean maintenance of the recumbent position on the back or on the face, according as the flexion is forward or backward. When, however, the disease is of two or three years' standing, or severe, this treatment alone will not answer, and an internal mechanical treatment is indispensable. 4. The necessary mechanical treatment can be carried out, according to my experience, without in any way imperiling the moral health of the patient. 5. Chronic ill health, unfitness for the ordinary

enjoyments of life, and for undertaking the obligations of marriage, are the results of neglect of proper treatment in the bad cases. The curability is inversely as the duration of the malady.

The Longevity of Israelites.

Our readers will recall that this subject was discussed at considerable length in the REPORTER a year or two since. Dr. B. W. Richardson, of London, probably attracted by that correspondence, and also by the assertion that no Jew had died from cholera, has studied the subject carefully, and last month delivered a lecture on it. The result of his research has shown that, both on the Continent and in England, Jews possess a higher vitality than do the general community by whom they are surrounded. Tracing the causes for this greater longevity, the lecturer said he could not attach too much importance to the sanitary laws that obtained among the Jews, instancing those in regard to diet, cleanliness, and abstinence from strong drink. In fact, the Decalogue, from beginning to end, is one sanitary lesson, teaching them to subdue the passions which torment the brain and distress the body.

To Diminish Uterine Contractions.

The *Doctor* states that in cases where the contractions of the uterus are so strong as to prevent operative manœuvres, Dr. Frankel recommends the subcutaneous injection of hydrochlorate of morphia and sulphate of atropia in combination, in doses of from one and a half to eight centigrammes of the former, and from one to eight milligrammes of the latter. Five minutes after the injection inhalations of chloroform may be used with great benefit.

Diagnosis of the Sex of the Fœtus During Pregnancy.

Dr. Mattee asserts that a fœtus having 130 to 135 cardiac pulsations to the minute is generally a boy; those who mark 150 to 160 pulsations in the same time are girls. He was only mistaken in three instances, in which the girls were small and sickly. Probably this feeble condition was the cause of the slackening of the cardiac pulsations. The theory that the cardiac pulsations are more rapid in the female than in the male fœtus was started in 1859, by Dr. Frankenhauser, of Berlin. Dr. James Cumming, of Edinburgh, from careful investigation of a number of cases, has found numerous exceptions; but believes that there seems to be a relation between the weight of the fœtus and its pulsations *in utero*, and that, for the weight, the pulsations are slower in the male than in the female.

News and Miscellany.

The Medical Law of California.

We make space, in spite of the crowded condition of our columns, for a copy of the Act, passed recently, regulating the practice of medicine in California. We are constantly receiving inquiries about these State laws, and believe it well that all should be laid before the profession. Our copy is supplied us through the kindness of Dr. N. C. Hamlin, of Yuba City. The text is as it appears on the enrolled bill in the Secretary of State's office. The enrolled law differs in many words from the engrossed bill as passed by the Legislature. The words inclosed in parentheses are in the original, and show the material changes.

An Act to Regulate the Practice of Medicine in the State of California. Approved April 3, 1876.

The people of the State of California, represented in Senate and Assembly, do enact as follows:—

SECTION 1. Every person practicing medicine, in any of its departments, shall possess the qualifications required by this Act. If a graduate of medicine, he shall present his diploma to the Board of Examiners herein named, for verification as to its genuineness. If the diploma is found genuine, and if the person named therein be the person claiming and presenting the same, the Board of Examiners shall issue its certificate to that effect, signed by all the members thereof, and such diploma and certificate shall be conclusive as to the right of the lawful holder of the same to practice medicine in this State. If not a graduate, the person practicing medicine in this State shall present himself before said Board and submit himself to such examinations as the said Board shall require; and if the examination shall be satisfactory to the Examiners, the said Board shall issue its certificate in accordance with the facts, and the lawful holder of such certificate shall be entitled to all the rights and privileges herein mentioned.

SEC. 2. Each State Medical Society incorporated and in active existence on the tenth day of March, 1876, whose members are required to possess diplomas or licenses from some legally chartered medical institution in good standing, shall appoint, annually, a Board of Examiners, consisting of seven members, who shall hold their

office for one year, and until their successors shall be chosen. The Examiners so appointed shall go before a County Judge and make oath that they are regular graduates, and (or ?) licentiates, and that they will faithfully perform the duties of their office. Vacancies occurring in a Board of Examiners shall be filled by the society appointing it, by the selection of alternates or otherwise.

SEC. 3. The Board of Examiners shall organize within three months after the passage of this Act. They shall procure a seal, and shall receive, through their Secretary, applications for certificates and examinations. The President of each Board shall have authority to administer oaths, and the Board to take testimony in all meetings (matters?) relating to their duties. They shall issue certificates to all who furnish satisfactory proof of having received diplomas of (or?) licenses from legally chartered medical institutions in good standing. They shall prepare two forms of certificates; one for persons in possession of diplomas or licenses, the other for candidates examined by the Board. They shall furnish to the County Clerks of the several counties a list of all persons receiving certificates. In selecting places to hold their meetings, they shall, as far as is reasonable, accommodate applicants residing in different sections of the State, and due notice shall be published of all their meetings. Certificates shall be signed by all the members of the Board granting them, and shall indicate the medical society to which the Examining Board is attached.

SEC. 4. Said Board of Examiners shall examine diplomas, as to their genuineness, and if the diploma shall be found genuine, as represented, the Secretary of the Board of Examiners shall receive a fee of one dollar from each graduate or licentiate, and no further charge shall be made to the applicants; but if it be found to be fraudulent, or not lawfully owned by the possessor, the Board shall be entitled to charge and collect twenty dollars off the applicant presenting such diploma. The verification of the diploma shall consist in the affidavit of the holder and applicant that he is the lawful possessor of the same, and that he is the person therein named; and such affidavit may be taken before any person authorized to administer oaths, and the same shall be attested under the hand and official seal of such officer, if he have a seal. Graduates may present their diplomas and affidavits, as provided in this Act, by letter or by proxy, and the Board of Examiners shall issue its certificate the same as though the owner of the diploma was present.

SEC. 5. All examinations of persons not graduates or licentiates shall be made directly by the Board, and the certificates given by the Board shall authorize the possessor to practice medicine and surgery in the State of California; but no examination into the qualifications of persons not holding diplomas or licenses shall be made after December 31, 1876. After that date no certificates shall be granted by them, except to persons presenting diplomas or licenses from legally chartered medical institutions in good standing.

SEC. 6. Every person holding a certificate from a Board of Examiners shall have it recorded in the office of the Clerk of the county in which he resides, and the record shall be indorsed thereon. Any person removing to another county to practice shall procure an indorsement to that effect on the certificate from the County Clerk, and shall record the certificate, in like manner, in the county to which he removes, and the holder of the certificate shall pay to the County Clerk the usual fees for making the record.

SEC. 7. The County Clerk shall keep, in a book provided for the purpose, a complete list of the certificates recorded by him, with the date of issue and the name of the medical society represented by the Board of Examiners issuing them. If the certificate be based on a diploma or license, he shall record the name of the medical institution conferring it, and the date when conferred. The register of the County Clerk shall be open to public inspection during business hours.

SEC. 8. Candidates for examination shall pay a fee of five dollars, in advance, which shall be returned to them if a certificate be refused. The fees received by the Board shall be paid into the treasury of the medical society by which the Board shall have been appointed, and the expenses and compensation of the Board shall be subject to arrangement with the society.

SEC. 9. Examinations may be in whole or in part in writing, and shall be of an elementary and practical character, but sufficiently strict to test the qualifications of the candidate as a practitioner.

SEC. 10. The Board of Examiners may refuse certificates to individuals guilty of unprofessional or dishonorable conduct, and they may revoke certificates for like causes. In all cases of refusal or revocation the applicant may appeal to the body appointing the Board.

SEC. 11. Any person shall be regarded as practicing medicine, within the meaning of this Act, who shall profess publicly to be a physician and prescribe for the sick, or who shall append to his name the letters "M. D." But nothing in this Act shall be construed to prohibit students from prescribing under the supervision of preceptors, or to prohibit gratuitous services in cases of emergency. And this Act shall not apply to commissioned surgeons of the United States army and navy practicing within the limits of this State.

SEC. 12. Any itinerant vender of any drug, nostrum, ointment, or appliance of any kind, intended for the treatment of diseases or injury, or who shall, by writing, or printing, or any other method, publicly profess to cure or treat diseases, injury or deformity, by any drug, nostrum, manipulation, or other expedient, shall pay a license of $100 a month, to be collected in the usual way.

SEC. 13. Any person practicing medicine or

surgery in this State, without complying with the provisions of this Act, shall be punished by a fine of not less than $50 nor more than $500, or by imprisonment in the county jail for a period of not less than 30 days nor more than 365 days, or by both such fine and imprisonment, for each and every offence; and any person filing, or attempting to file, as his own, the diploma or certificate of another, or a forged affidavit of identification, shall be guilty of a felony, and upon conviction shall be subject to such fine and imprisonment as are made and provided by the statutes of this State for the crime of forgery.

Sec. 14. This Act shall take effect from and after its passage, but the penalties shall not be enforced till on and after December 31st, 1876.

The March of the Plague.

London, April, 20.—The *Levant Herald*, of April 12, published at Constantinople, says that at Hillah, sixty miles south of Bagdad, from March 28th to the 31st, inclusive, there were 66 new cases of the plague and 42 deaths, and at Bagdad, from March 28th to April 1st, 145 new cases and 75 deaths. The plague has crossed to the left bank of the river Tigris, which had previously escaped it.

The first appearance of the plague in Mesopotamia was announced in an official telegram from Bagdad to Constantinople, dated February 20th. It stated that the presence of the epidemic had just been ascertained at Hillah, which is a town near the supposed site of ancient Babylon. A medical commission at once investigated the matter, and confirmed the first suspicions of Dr. Nicholaki, the Sanitary Officer at Hillah. Energetic measures were at once taken, both by the sanitary board of Constantinople and the authorities in Mesopotamia, to prevent the spread of the epidemic. The infected locality was completely cut off from intercourse with the surrounding towns and villages, and it was hoped that with proper precautions the disease would be confined within its present bounds. By the 30th of March, however, the terrible epidemic had reached Bagdad, and at the latest telegraph news, previous to that printed above—the 13th instant—it was increasing at Bagdad.

Texas State Medical Association.

The eighth annual session of the Texas State Medical Association met at Marshall, April 4. The Association was called to order at the appointed hour by the President, Dr. H. W. Brown, of Waco.

The attendance was quite large, all parts of the State being represented.

Dr. D. W. Yandell, of Louisville, was introduced by Dr. Johnson, and a hearty welcome was extended by President Brown, assuring him that his name was familiar to the fraternity of Texas.

Drs. Jas. A. Diddrell and S. W. Vahn, of the Arkansas State Medical Association, having arrived, were welcomed by the President.

Dr. John H. Pope read an able paper upon the science and progress of medicine.

The officers of the Association presented their reports.

Some interesting cases were reported, and their treatment, by Drs. Heard, Dowell, of Galveston, Kilpatrick, of Navasota, Ford, of Lynchburg, and Manning, of Waco.

Dr. Dowell read a paper on physical, physiological, and moral laws.

Officers elected for the ensuing year are: Dr. Harrison, of Columbus, President; Drs. Pope, of Marshall, Wiley, of Dallas, and Park, of Tyler, Vice-Presidents. Secretary East and Treasurer Larendon hold for five years.

Dr. Holcomb, of Ellis county, reported cases on the hip-joint disease.

Dr. Long, of Nacogdoches, reported a case, and its treatment, of chronic inflammation of the bladder.

Dr. Wooton read a paper on diseases of women.

The prize of one hundred dollars, offered last year by Dr. Heard, for the best essay on the eucalyptus tree, was awarded to Dr. Bibb, of Austin. Dr. Heard paid the prize as soon as the decision was made.

Dr. Yandell delivered an able lecture before the Association.

The next meeting will be held in Galveston, on the first Tuesday in April.

Personal.

—Dr. Adolph Biornborg, an adjutant on the staff of Prince Murat during the wars of the First Napoleon, and commander of a cavalry squadron in the French army in 1812, died in Lawrence, Massachusetts, April 21st.

—Etienne Gauldinot, a Frenchman, living in Franklin township, Clermont county, Ohio, is the oldest man in the United States—so says the Clermont *Sun*. He was born March 19, 1752, in a little Canadian hamlet just below Quebec. He talks but little, but is able to walk about the room with a cane. He has never voted, and was not naturalized till 1851, when he took out his papers in Wheeling, Va.

—Dr. A. W. Washington, grand-nephew of General George Washington, the nearest living relative to the Father of his Country, and a resident of Denison, Texas, ships a box containing the following articles for exhibition at the Centennial: General Washington's court suit of brown silk, supposed to be the suit in which he was inaugurated. Ivory seal, set in gold, presented to Washington by General Lafayette. Sword presented to Washington by General Darks, the famous Indian fighter, before the Revolution. Knee and shoe buckles, and, most valuable of all, twelve autograph letters from General Washington to his brother Samuel, dated between 1772 and 1783, some from Mount Vernon and some from the field, and all giving Washington's private views of the war then waging.

—Dr. S. B. Ward, of New York city, has been appointed Professor of Surgery in Albany Medical College, in place of Dr. Armsby, deceased.

—Dr. Paul F. Eve requests that any contributions to surgery made by an American be forwarded to his address (Nashville, Tennessee) by July 4th, 1876. They are designed to be reported at the Centennial by the representative of that department of medicine.

Items.

—A well-known dentist in Paris has been arrested, accused of having, for four years past, while drawing and cleaning teeth, introduced slow poison into rich patients' mouths, at the instigation of their heirs, and thus committed many murders. Two hundred witnesses are said to have been subpœnaed.

—The question of "baby-farming," as carried on in Montreal, has been discussed by the Board of Health of that city. In this connection the subject of the disposal of foundlings came up, and it was shown that of 719 babies received at the Gray Nuns' Hospital last year, only 88 survived. Of the illegitimate children 44 belonged to Montreal and 47 were sent from the United States.

—In 1875, in London, 231 persons died of injuries by horses and vehicles in the public thoroughfares.

QUERIES AND REPLIES.

Hair Dye.

In reply to Wm. H. C.'s inquiry for a recipe for making hair dye that does not contain lead, I recommend him to try the following:—

R.	Nitrate of silver,	drachm ¼
	Aqua ammoniæ,	ounce ss
	Rain water,	ounce j.

Mix, and apply with a small brush. J. A. I.

HAIR DYE WITHOUT LEAD.

R.	Acid. gallic.,	drachm j
	Tinct. ferri mur.,	ounce j
	Acid. acetic,	ounce j. M.

Apply with a comb or brush. W. H.

OBITUARY.

DR. J. S. PARRY.

At a meeting of the Pathological Society of Philadelphia, held on Thursday evening, April 13th, 1876, the death of Dr. John S. Parry having been announced by the Secretary, it was unanimously

Resolved, That in the untimely death of our late Vice-President, Dr. John S. Parry, we have to deplore the loss of a valued officer of the Society, and of a colleague whose zealous devotion to the promotion of pathological science, and whose sterling personal qualities have secured the lasting admiration and regard of all his fellow-members.

That the Secretary be requested to transmit a copy of this resolution to the family of Dr. Parry, and to have it published in the medical journals of this city.

THOMAS G. PORTER, JR.,
Secretary.

MARRIAGES.

BACHE—PEACE.—On the 20th ultimo, Lieutenant Alfred B. Bache, U. S. A., and Anna, daughter of Dr. Edward Peace, of this city.

BRADFORD—LEVERICH.—In New York city, on Thursday evening, April 13, by Rev. Dr. John Hall and Rev. John P. Knox, Theo. Dwight Bradford, M. D., and Tillie Rose Leverich, daughter of the late Charles P. Leverich.

BOWMAN—HAMILTON.—In New York city, on Thursday, April 20, 1876, at the residence of the bride's parents, by Rev. Dr. Rylance, Mary, daughter of James Hamilton, and John R. Bowman, M. D., of Cheyenne, Wyoming Territory.

CROCKER—WATKINS.—In New York city, on Tuesday, April 18, 1876, at the Church of the Divine Paternity, by Rev. Dr. E. H. Chapin, Wm. Atwell Crocker, M. D., and Addie E., only daughter of the late Osmer S. Watkins.

WHELEN—SMITH.—On the 20th instant, at the Church of the Epiphany, by the Rev. Richard Newton, D. D., Dr. Alfred Whelen and Sarah W., daughter of Thomas D. Smith, all of this city.

STEVENSON—LINSEY.—Tuesday, April 4th, at the residence of the bride's parents, by Rev. R. Kerr, A. C. Stevenson, M. D., of Oakdale, Pa., and Miss Irene Linsey, of Miller's Run, Washington Co., Pa.

ELSBERG—LOOMIS.—On April 26th, at St. James' Church, New York city, Dr. Louis Elsberg and Mary V. H. Scoville, daughter of Mr. and Mrs. Frank Loomis.

THOMAS—TURNBULL.—At St. Luke's Church, April 18, 1876, at 8 P. M., by the Rev. C. George Currie, Charles M. Thomas, M. D., and Marion Elmslie, daughter of Laurence Turnbull, M. D.

DEATHS.

BESSE.—In this city, on the 20th instant., Dr. P. Emilio Besse, in the 28th year of his age.

BONNER.—In this city, Monday morning, April 3d, at twenty minutes past five, Stephen Bonner, M. D., after a lingering illness, aged 67 years.

BUSTEED.—In New York city, on Monday, April 10th, Professor John Busteed, M. D., in the 62d year of his age.

BRYANT.—In this city, on Sunday, April 16, and after a lingering illness, Dr. G. W. N. Bryant, aged 64 years.

FINCH.—At New-Rochelle, N. Y., April 19th, Harriet Beyea, wife of E. W. Finch, M. D., and daughter of the late Samuel Beyea, of Goshen, N. Y.

HARRISON.—Fell asleep in Jesus, on Friday, 21st instant, at 2.45 P. M., William David Harrison, M.D., aged 30 years, of this city.

HASBROUCK.—In Jersey City, on Thursday evening, April 13th, Sarah S., daughter of Dr. Stephen Hasbrouck.

HOUGHTON.—At Hartford, Conn., on Thursday, March 23d, Roland S. Houghton, M. D., entered into rest.

LIVEZEY—In this city, on the morning of the 15th instant, after a short illness, Edward Livezey, M. D., in the 43d year of his age.

MATTES.—At Glenwood, Rockbridge county, Va., Thursday morning, 20th, 1876, Margaret L., wife of William F. Mattes, and daughter of Thomas R. Crittenden, M. D., Dover N. J., aged 24 years.

MORGAN.—In Haverhill, Vt., April 7th, Dr. Hiram Morgan, aged 71 years.

RIPLEY.—In New York city, on Tuesday, April 11, 1876, of diphtheria, Henry Johnston, youngest child of Dr. John H. and Isabelle M. Ripley, aged 1 year and 7 months.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1001.] PHILADELPHIA, MAY 6, 1876. [Vol. XXXIV.—No. 19.

Original Department.

Communications.

THE TREATMENT OF PHLEGMONOUS INFLAMMATION OF THE FEMALE BREAST.

BY JOHN B. C. GAZZO, M. D.,
Of Thibodeaux, La.

The swelling of the female breast which precedes the formation and dissemination of cellular inflammation, with a tendency to suppuration, resulting from natural childbirth, is caused, in the first instance, by retention of the milk, and the consequent distention of the lactiferous ducts. But this is not the only cause of the local derangement that speedily follows; for the vascular system of the mammæ is wonderfully increased preparatory to and during lactation; and therefore, when this augmented circulation of the breast is checked in the constitutional performance of its proper function, the secretion of milk, it often tends to form, with great rapidity, vicarious and unhealthy products, especially when the mammary glands become swollen, painful, and indurated, accompanied by a high degree of fever, in consequence of suppression of the milk. Hence proceeds the obstinacy of many such cases after parturition, which are frequently found to be not amenable to the common methods of treating local congestion and inflammation. All practical physicians are, consequently, obliged to adopt various modes of treatment and remedies; and the skillful accoucheur is often enabled, by attention and care, to save his patient from the suffering accompanying such affections.

While practicing, many years ago, in the parish of Terrebonne, La., I had a large obstetric practice as an accoucheur, and was called to attend to thirty-four or thirty-five cases of mammary inflammation. During this period I found, in most of these patients, that the mammary glands had become swollen to the size of an egg, in the right and left breasts. They had been afflicted in like manner on previous occasions, after accouchement or childbirth, with headache and flushing of the face. Subcutaneous mammary inflammation of the female breast proceeds much as an ordinary phlegmon. The presence of granular corpuscles in the milk, after a certain period, is, unquestionably, to be regarded as an irregular and morbid condition. I have observed that they are produced, and more numerous, when the health of the woman is deranged by disease, whether this be general or of the womb itself, or under the influence of fever, or by an engorgement of the mammæ, which produces an alteration of the milk, and adds to the conditions which will be found to be most troublesome, and often most distressing in this complaint. No organ of the body is capable of producing a greater amount of suffering to the patient, and vexation to the physician, than the female breast.

I ordered light diet, alteratives, tonic medicines, and various local applications, to most of these patients; when these proved inefficient I applied a moistened compress, with the linimentum ammonia iodide et chloroformi,* and applied it to the breast, as high as the axillæ,

*For the preparation of the liniment of ammonia iodide and chloroform, see Medical and Surgical Reporter, November 7th, 1874.

carefully enveloping the diseased mammæ, covering the compress with oiled silk, and keeping the whole in a suspensory bandage; during the first day renewed the application once in two or three hours. The remedy may be resorted to on the following day. This proceeding must be repeated every day until the swelling disappears, which is, usually, the second or third day. The liniment of chloroform and iodide of ammonia should be applied at the onset of the disease, the moment that pain and engorgement of the mammary glands manifest themselves; it will then act as an abortive in suppressing incipient pain, and thereby prevent the inflammation which threatens the mammary structure. The inflammatory period of the mammary is not only shortened, but the entire duration of the disease is diminished by at least one-half. After the large, heavy and inflamed mammæ become perfectly flaccid, completely cool, and as soon as the flow of milk begins anew, allowing of the freest handling, omit the chloroform ammonia iodide liniment application. The only inconvenience attending its application is the irritation produced upon the skin; this, however, is more than compensated for by the derivative action of the iodide of ammonia and chloroform liniment upon the inflamed breast, which will very often, in all probability, prevent abscess and suppuration.

The benefit of the application to the breast of the ammonia and iodide of chloroform liniment is according to the effect sought to be produced; it should be gradually increased until the full influence of its medicinal properties is obtained. It promotes the milk secretion, and imparts energy to the glandular functions. I trust the medical profession will give this remedy a fair trial, for its use seems to promise much good. I have prescribed it with much success in the premonitory stages of hemorrhage, bilious melæna, and congestion of the cellular tissue. Owing to an alteration of the blood in fever, it modifies and corrects, in a very remarkable manner, the condition of the mucous discharges, and usually serves to diminish hematemesis, if present, and to bring all the secretions to a more normal condition, and appears to exercise rather a serviceable than dangerous effect upon the gastro-intestinal inflammations produced by fever. From its very prompt and distinguished hemostatic, alterative and resolvent virtues, in cases where we desire a prompt and immediate impression, the liniment, according to the formula, applied frequently, will be found remarkably active and efficacious.

In addition to appropriate medical remedies and indications during the whole course of the disease, I have in some instances ordered the following prescriptions, which were employed with the happiest results; the first being an excellent detergent and purifier of the blood, preventing the formation of matter within the glandular system; and the second being used as a tonic in restoring the mucous membranes. Constitutionally, I have also used the remedies embraced in these formulæ, to prevent the serious effects of phlegmonous inflammation in the system generally.

℞.	Potassæ chlorat pulv.	ʒij
	Aquæ destil.	ʒviij
	Acidi. hydrochlorici	gtt.xxx
	Syrupus auranti	ʒiij.

Sig. One tablespoonful every two hours.

℞.	Cinchonæ sulph.	ʒij
	Quiniæ citras ferri.	ʒiij
	Tinct. ferri. chloridi	ʒij
	Syrupi sennæ	ʒvij.

Sig. One tablespoonful three times a day after diet or meals.

I take this present opportunity of reporting from my record book, for publication, a brief detailed statement and diagnosis of a case affected with engorgement of the mammary glands, which occurred last month.

On the 24th of November, 1875, at 4 o'clock P. M., I was called to attend and prescribe for the patient, Mrs. M. S. H., aged 25 years; delicate looking; leuco-phlegmatic temperament; she was the mother of three children, suckling her last born child one month, when tumefaction of her breast made its appearance, which had been caused by chapped nipples. The inflammation of the skin extended directly into the ducts, and exudation had taken place, plugging up the lactiferous vessels or ducts, by which the milk was pent in, and engorgement was the consequence. Finding the mammary glands large, heavy, and intensely painful, I clasped the breasts with my hands, and made pressure in the direction of the nipple; a thin, transparent, whitish vesicle was produced, by the milk accumulating behind the closed orifice of the ducts. I recommended her the liniment of ammonia iodide and chloroform, to be rubbed in over the tumor of the breast, one inch beyond it, every three hours.

On my second visit, the 25th of November, I found her to be laboring under an attack of acute metritis which had set in suddenly, with rigors, followed by the succession of an attack of gastritis the next day after, producing an induration of the mammary gland in the other breast, the result of distention of the lacteal tubes in the right breast. She was at that time laboring under a high degree of fever and suppression of the milk in both breasts. I gave her a compound saline purgative, with hydrochloric acid, quiniæ sulph. and magnesia sulphate, in divided doses, two or three times a day; it did not disturb the stomach nor interfere with the digestion, acting on the bowels and womb, and as a tonic, promoting the normal secretion of milk. On my third visit, a few days after, much relief was experienced. On the fifth day, continued the external application of the liniment of ammonia iodide and chloroform every two hours; the tumor in the breast had very sensibly diminished since my third visit. On my last visit, I found the breast of the patient perfectly flaccid, completely cool, and admitting of the freest palpation and handling, without the patient making any complaint; she could now leave her bed. She was radically cured the seventh day, and the flow of milk recommenced, as in the normal state of health.

OBSTETRIC NOTES.—POST-PARTUM HEMORRHAGE—PLACENTAL DELIVERY—RUPTURED PERINEUM.

BY E. L. DRAKE,
Of Fayetteville, Tenn.

Post-partum Hemorrhage.

Several years since, I had a case of post-partum hemorrhage which exhibited a feature I had never noticed before at the bedside nor in books. The hemorrhage was rapid and exhausting, and I plugged up the vagina with a tampon of cotton rags, maintaining it *in situ* with the hand; this checked the outward flow effectually, but in a short time the uterus rose as high as the umbilicus, from accumulation of blood. Fluid extract of ergot had been given, and frictions were now made on the abdomen. The patient's appearance at this time was characteristic; her lips were livid, and her face was overspread with a deadly pallor, and pinched. After a brief period uterine contraction set in, and in a few minutes more the organ was felt as a hard globular mass in the hypogastrium; this struck me with surprise, as I am certain not a teaspoonful of blood escaped per vaginam, for I watched this point with the greatest solicitude. Coincidently with this event color came to her face and lips, and a more natural expression; her pulse also recovered strength. What became of this effused blood? Evidently it was forced back into the general circulation by uterine contraction. If my premises are correct, and I don't think I could have been mistaken as to the facts, it becomes an interesting question in obstetrics to ascertain something of the extent and frequency of the process detailed above. If it is a normal process, then the entrance of emboli into the circulation would be accidental, and, logically, the most important measure in dangerous post-partum hemorrhage would be to close the vagina mechanically and excite uterine contraction, as rapidly as possible, before the effused blood loses its vital properties by stasis and coagulation.

Placental Delivery.

In some cases of retained placenta, from adhesions, hour-glass contraction, or want of contraction, I have succeeded very satisfactorily by tamponing the vagina well, and waiting; in the course of an hour or more the separation and extrusion of the placenta are announced by a sharp pain which causes the patient to cry out. The irritation of the tampon on the vagina and os is almost certain to provoke uterine contractions of the expulsive kind, as is well known. My experience leads me to say that it also effects dilatation of the os, and that it meets the indication for this purpose to a limited extent.

Operation for Coccyodynia and Ruptured Perineum.

I cite this case, not to bring forward anything new, but to show how one operation favored the success of another. The patient was past 25 years old when married, and her first child was delivered by craniotomy; the perineum was ruptured to the verge of the anus, but her physician made no attempt to repair the damage. In her second confinement I was in consultation; she had been in labor twelve hours, and the child's head had come down against the perineum in two hours after pains had set in, but showed no disposition to take the Carus curve, although expulsive efforts were

strong. By pressing the child's head against the pubis, I delivered her of a large male child in a few minutes. Some months after this, on being called to see her, I found her suffering with occasional chills, obstinate constipation, and painful defecation. She had been using for a considerable time active cathartics, aided by enemas; her womb was prolapsed and anteverted, the os pressing firmly against the rectum; this last fact accounted for the constipation, as the fecal matter was prevented from reaching the plane of the sensitive nerves of the lower portion of the rectum, and she felt no call to stool, evacuation taking place only when the gut was distended with an enema; there were occasional discharges of strings of inspissated mucus, moulded by the rectal folds, and sometimes pus; the vagina was dry and pale, from the frequent ingress of air through the ruptured perineum; there was some mucopurulent discharge from the os, and menstruation was painful; the site of the coccyx was subject to acute pain when pressed upon by the seat of a chair, and by the bed-clothes, though I was not aware of this symptom for some time. She could tolerate a pessary only a few hours. After learning the condition of the coccyx, I proposed the usual operation, and also to close the perineum at the same time, to which she eagerly assented. I had never made a full examination of the rectum, on account of the pain it caused, and when she was under the influence of chloroform I discovered that the entire coccyx was gone; however, I proceeded, and severed the ligamentous attachment to the sacrum with the tenotome, keeping it on the stretch by a finger in the anus (she said afterward that she had passed a bone by the rectum several months before, but supposed it was the terminal backbone of a chicken). This done, I put her in the position for lithotomy, and operated on the perineum, using the scalpel and forceps, with which I quickly stripped off the integumentary membrane; three deep and two superficial silver sutures were used, carried by an ordinary quarter bent needle and spring catch forceps; the needles were of inconvenient length, and the forceps almost a failure. (I have suggested to Ford, of N. Y., to make a forceps with a rubber bite, and he writes his approval of the suggestion; it will give a firm hold and any angle.) The stitches were removed on the eighth day, and the bowels evacuated on the ninth with syringe and scoop. The operation on the coccyx gave instant and permanent relief, and the union of the perineum was complete, but owed its success to the section of the tendon of the sphincter ani.

Medical Societies.

NEWPORT AND COVINGTON (Ky.) MEDICAL SOCIETY, FEBRUARY, 1876.

Variola, the Statistics as to its Prevention through Vaccination, its Diagnosis and Treatment.

BY B. F. LAIRD, M. D.

(Reported by J. W. Hadlock, M. D., for the Medical and Surgical Reporter.)

The history of this remarkable disease is clothed in considerable obscurity. Though the first accurate description of it was given by an Arabian physician, Rhazes, who flourished in the early part of the tenth century, it was known to and recognized by the Chinese in the sixth century, and to the Brahmins still earlier. It was also known throughout England toward the close of the ninth century, and after the Crusades it prevailed in most parts of Europe. In 1517, it is claimed to have been carried from Europe into St. Domingo, and a few years later it reached Mexico, thence spreading throughout the New World.

In 1707, it appears to have been introduced into Iceland, and to have visited Greenland in 1733. From historical accounts, the first visit of this disease into any and all sections of the globe has always been followed by the most fearful devastations. In Mexico alone, some three and a half millions of people are said to have fallen victims to this grave malady. In Iceland more than one-fourth of the entire population met a similar fate, while in Greenland its appearance threatened depopulation. These cases are but striking illustrations of the law, that seems universally true, that a contagious disease is always most virulent on its first introduction into a new scene of action. This eruption or exanthematous fever has been a scourge in all countries since its first induction or its development; however, since the discovery of vaccination by Edward Jenner, and his experiment on James Phipps, which was virtually accomplished May 14th, 1796, the promulgation of his discovery throughout the civilized world, and its adoption by the most leading minds of the medical profession in all countries, it is believed and claimed by the majority that through the means of vaccination this disease, so destructive to human life, has been brought under control, and will after a few years become almost extinct, or the attacks be of such a mild character as to render the disease perfectly harmless, requiring little or no attention whatever.

The minority, however, have contended and still do contend that the theory is still imper-

fect as regarding the effects and reliability of vaccination, arguing that many have been exposed to this disease who have never been vaccinated, without contracting it, while many who have been vaccinated have contracted this disease, and many who have been vaccinated have not contracted it, and many who have not been vaccinated have contracted it. The following observations, made by Drs. Seaton and Buchanan during the epidemic of small-pox in London, in 1863, on upward of fifty thousand children in the various schools, workhouses, etc., are of extreme importance toward settling the difference of opinion that medical men may have in regard to vaccination and its effective use as a prophylactic in variola. I herewith append them. Some of the said fifty thousand had never been vaccinated; the large majority had been vaccinated in various manners and degrees. Of every thousand children without any mark of vaccination, no fewer than 360 had scars of small-pox; while of every thousand children who had evidences of vaccination, only 1.78, on an average, had any such traces; and with regard to the quality and amount of vaccination, it was found that, of children having four or more cicatrices, only 0.62 per thousand had any trace of small-pox; while of those who had a single bad mark, 0.19 per thousand were scarred by small-pox. Hence, the best vaccination was more than thirty times as protective as the worst, and the worst was more than forty-seven times better than none at all. The importance of the completeness of the vaccination, as shown by the cicatrices, is also shown by the results obtained by Mr. Marson. From the study of more than fifteen thousand cases at the small-pox hospital, he finds that while the unvaccinated died at the rate of 37 per cent., the vaccinated have died at the rate of only 6½ per cent.; the mortality among those with four or more scars being only 0.55, while that among those with only a single scar was 7.73 per cent. So that, while the average risk which vaccinated persons run, if they do catch small-pox, is about one-sixth of the risk run by unvaccinated persons, well-vaccinated persons run less than one-seventieth part of the risk. It must further be borne in mind that few unvaccinated persons do not, at some period of life, sustain an attack of small-pox. The cases are comparatively rare in which a well vaccinated person takes the disorder; so that the protective power of vaccination, it is said, shows itself in two ways. First, in shielding the constitution, in the great majority of cases, from any kind of an attack of small-pox; and, second, in the exceptional cases, of so modifying the disease as almost invariably to deprive it of danger to life, or of those terrible disfigurements which the unmodified disease so frequently leaves behind it. Whether the protective power of vaccination lasts through life, or, as many physicians hold, gradually wears out in a certain number of years, is still an open question. It is, however, the safer course to adopt the second view, and to re-vaccinate at intervals; for instance, every five or seven years, especially after the evidence that has been adduced of the imperfect way in which the operation is often performed. Dr. Seaton, however, adopts a medium course, and holds that one thoroughly good primary vaccination to start with, and one careful re-vaccination after puberty, are all that is necessary for the complete protection of the population against small-pox. Even in those who had good scars, the second operation is often more or less successful. Thus, in 13,861 cases in which re-vaccination was performed in the Wurtemburg army, the operation was quite successful in 31 per cent., partially so in 28 per cent., and totally failed in 41 per cent.

Much has been said regarding the danger of the transmission of syphilis by vaccination. But in those cases where syphilis has been transmitted by vaccination, it was also found due to the instrument used in the performance of the operation having been charged with blood taken from syphilitic persons. As to the reliability of this assertion, there can be no doubt; for, through the most recent experiments upon the inoculation of blood, made by Dr. Pellizari, Clinical Professor of the Ecole Pratique of France, we have one successful case in which this was accomplished. By far the most important and interesting series of cases, however, occurred some years ago at Rivalta, Italy, in which it is said forty-six out of sixty-three children who were vaccinated became syphilitic and transmitted the disease, until some eighty persons became affected.

Numerous instances of a similar character, in some of which the disease spread to a number of persons, suffice to show that although vaccination is commonly a harmless operation, yet it may, if proper caution be omitted, be the means of transmitting a fearful constitutional disease. The relation of small-pox in man and cow-pox in the cow claims a passing remark. Jenner believed that they were essentially the same, and that they had a common origin in the grease of the horse.

Various experiments have been made to inoculate healthy cows with small-pox, as those of Mr. Ceeley, of Aylesbury, in 1839, and of Mr. Badock, of Brighton, in 1840, who induced vesicles by inoculating cows with small-pox virus; and thus obtaining a supply of vaccine-lymph, they supposed the identity of the disease placed beyond all doubt or question. The disease really known as the grease appeared to have nothing to do with the small-pox or cow-pox; but the horse occasionally suffered an affection which was precisely the same as the small-pox in man and the cow-pox in the cow, and the lymph from the horse-pox had been successfully used for vaccinations.

Respecting the origin of variola vaccina, which is by no means a frequent disease, we have as yet no certain knowledge. A spontaneous development is accepted by many, however, upon no very strong evidence.

The inoculation of human small-pox by lymph

upon cows produces variola vaccina, the same as after inoculation from the horse-pox; and if a susceptible person is vaccinated from a variola vaccina, acquired in this way, merely local pustules will be produced, without any general eruption following; but, however strongly these circumstances speak in favor of the identity of human and animal pox, it has not absolutely been proven; and hence, for the present, we can only admit the probability of the supposition that variola vaccina is small-pox, so modified by the nature of the soil that it retains its tendency to strict localization, even when re-engrafted upon the human species. Although, in accordance with the method of Jenner, vaccination was originally performed with cow-lymph, vaccina is now almost universally transmitted from one to another through generations, only the first individual receiv ng the virus from the cow direct.

Two objections against the use of cow-lymph have been made since the days of Jenner: first, that where cow-lymph was used, vaccination failed oftener than where the humanized lymph was employed; and secondly, that the local symptoms were severer and more violent than where the humanized virus was used. On the other hand, the objections made to humanized lymph is, that its protective power becomes gradually weakened after it has passed through several generations. The reason for the existing difference of opinion respecting the use of humanized lymph may, no doubt, be traced to imperfect vaccinations and the fallacies contained in the reports of cases. Again, we meet with a difference of opinion regarding the number of times one may have the small-pox, or respecting a second attack, which by many is doubted. It seems quite strange, however, after having been seized once, you are afterward entirely exempt. The case of Louis xv and other cases have taught us that this disease may present itself as many as four times during a short lifetime. In the case of Louis xv the second attack was fifty years after the first; the first at 14 years of age, and the second at his death, at the age of sixty-four. I have met with two cases myself, wherein both patients succumbed to a second attack, and both bore scars and eruption at the same time. From what I could learn, neither of these had been vaccinated at any time during their lifetime.

[Note.—During the discussion of this paper, Dr. H. C. Juler suggested that perhaps Louis xv did not have the *small-pox* as often as had been stated, but a *pox of another character*, which royalty do not like to be charged with having; and he, therefore, did not think that Louis' case was a good illustration that small-pox twice attacks the same individual.—Reporter.]

It has often been asserted that certain conditions, as puberty, inflammatory diseases, and change of climate, favor the reawakening of the predisposition to variola.

It is also believed that a violent attack of variola affords better protection than a mild attack, against the return of this disease; but this has time and again been contradicted, and seems only to be true in those cases where death has removed the said individuals from our midst; like most positively refuses to assist like, much less cure it, in this disease. Of the earliest origin and mode of extension of small-pox the most varying opinions have prevailed, since the disease first became known, in accordance with the varying theories as to its nature.

The General Causes.—Certain conditions of the earth or of the air, changes of temperature, moisture, etc., were formerly held responsible; and the possibility of a miasmatic origin of the disease was never for a moment doubted. Bœrhaave first overthrew these ideas, and established the theory of the exclusive spread of variola by contagion, which to-day is regarded as firmly grounded, and may formulate as follows:—

Small-pox spreads at the present time exclusively by means of a specific virus, which is begotten in the body of a small-pox patient, and conveyed directly or indirectly to a predisposed individual, thus causing the outbreak of variola again in the latter. Though here and there one still reads or hears that at least mild forms may arise without contagion, no reliable proofs thereof can be adduced. Of the nature of small-pox contagion there is so far nothing definitely known, but tolerably accurate knowledge is possessed of some of its peculiarities.

The contagion reproduced by an affected organism takes effect, first of all, upon the patient himself. It is principally the small-pox pustules which contain this, as is clearly proven by small-pox inoculation. This teaches us, further, that the virus is most active at the time when the previously clear serum of the pustules begins to become turbid. That inoculations succeed in the latter stages, also, is well known. Even small-pox crusts possess the power of infection in a high degree. The contagion not only adheres to the patient, but is also present in his immediate vicinity, in the perspiration, impregnated with transportable gaseous particles. It appears to be secreted by all emunctory surfaces of the body, among which the skin naturally plays a prominent part.

Whether the frequently noticeable peculiar odor of the patient is closely related to the contagion or not, remains undecided; however, it can be said that the contagion loses efficacy with increasing distance from the patient. Predisposed persons are the more readily infected the longer they remain in the vicinity of patients

It is difficult to determine the stage in which patients are most likely to spread infection. The earliest period of suppuration is usually so considered. Many ascribe an especial danger to the stage of desiccation. When there has been frequent communication with patients, the time of infection cannot be determined, principally on account of the variable duration of the stage of incubation.

In the initial stage, at a time when as yet no trace of small-pox eruption exists, infection may take place; and infection is also possible during the period of incubation, which is generally free from every symptom of the disease. This has been exemplified by an interesting case reported by Schaefer, in 1872, as occurring in the Charité Hospital of Berlin, where small pieces of skin were taken, for transplantation upon other individuals, from the amputated arm of a person who, before and at the time of the amputation, did not manifest the slightest symptoms of the disease; several hours after the amputation the patient was attacked with violent fever, followed two days later by an eruption of small-pox. One of the individuals upon whom the transplanted skin had been placed was attacked by variola on the sixth day after the operation; the three others remained exempt.

Besides the atmosphere about the patient, the contagion is imparted to certain objects which have been used by him, or been in his neighborhood, and it clings to them also for a variable length of time after they have been removed from his personal influence. Foremost in this respect may be mentioned clothing and bedding, and especially all things which have a rough, woolly surface.

According to general belief, the poison adheres much less, or not at all, to smooth objects, dried small-pox secretion alone being excepted.

The personal effects of a patient are not alone able to convey infection, but healthy persons also, under some circumstances, carry the poison in their clothes, so that caution in this respect is necessary on the part of physicians, nurses, and friends. Exposed to the atmospheric air, the contagion is said to be readily destroyed, most probably by being more and more diluted in the air, until it finally disappears.

Infection may undoubtedly take place through the medium of bodies of patients who have died of small-pox. The following instance by Dickson shows the communication of the disease from the dead body, death having taken place before the eruption:—

During the winter of 1848, '49, a young man, a member of the medical class of New York University, died suddenly and unexpectedly in the night, under the care of a physician who had not thought him seriously ill. At the autopsy, when the corpse was uncovered, a few dark-red spots on the surface were observed, which were supposed to be peticial (petechial?), the principal symptoms of the attack having been gastric, with great debility. The coffin was taken home to a New England village for burial, where, at the funeral, some of the relatives approached and opened it to see the face of the deceased before it was inhumed. Of this number eight were attacked with small-pox, no other persons being assailed.

Concerning the mode in which the contagion adherent to transportable gaseous particles enters the body in case of infection, we still lack accurate knowledge.

According to a general and quite probable view, the poison is principally absorbed in breathing by the mucous membrane of the respiratory tract. That this may happen in the upper portion of the tract—the nasal mucous membrane—is evident from the ancient method of inoculation by the introduction of the crust into the nose. We may look upon the exceedingly fine particles detached from the skin of the patient, and from the pustules and crusts, which are suspended in great numbers in the air surrounding small-pox patients, as the carriers of the inspired contagion. It does not follow, however, that this particular mode is the only one in which the respiratory mucous membrane absorbs the contagion. It may not be even the most important. The possibility of the absorption of the virus by the mucous membrane of the alimentary canal, especially by the stomach, is positively asserted by the older writers. Indeed, it was regarded as quite an ordinary means of infection. Camper assures us that he observed the outbreak of severe variola in a patient who had swallowed some small-pox pus; and it is said that it was formerly the general custom in Bengal to inoculate variola by the deglutition of small-pox crusts. Very recently, Zülzer met with a negative result in the case of a monkey which was made to swallow the crusts.

It is considered highly probable that the contagion never enters the system through the unbroken skin; both at an early date and recently, experiments have been made to determine this point, and wherever a success has been noted, it has almost always appeared that the virus had been rubbed into the skin with force and for a length of time. It is probable, therefore, that the skin became wounded in the operation.

Origin of Small-Pox.

Concerning the questions relating to the origin and spread of small-pox, only so much as is general is known with certainty. Positive views and ideas concerning these questions are to be found from the earliest accounts of variola, but these have undergone a change, in accordance with the changes of pathological ideas. The Arabians believed, and Rhazes expressed the decided opinion, that the small-pox process was derived from the fermentation and effervescence of a certain material present in the blood of every person from the embryonic period. Sydenham and Von Diemerbrock likewise held the opinion that in the period of incubation a kind of fermentation took place in the blood, the product of which was manifested in the outbreak of small-pox. This theory held its ground until less than half a century ago, when views as to the parasitic nature of the contagion took its place.

Small-pox is seen in all possible grades of intensity and extent, from sporadic, domestic endemics, or small epidemics, to the fatal ravaging scourge which overruns entire countries, and is not apparently checked until it has

attacked nearly all who are predisposed. In the large cities of Europe small-pox is seldom at any time entirely extinguished. That its danger has diminished a great deal, on the whole, since the introduction of vaccination, is believed beyond the slightest doubt; however, from the study of the past, many others assume that civilization, unaided by special scientific knowledge, reduces disease and lessens mortality, and that no malady once originated has ever actually died out, many remaining as potent as ever. That wasting, fatal scourge, pulmonary consumption, is believed to be the same in character as when Cælius Aurelianus gave it description. The cancer of to-day is the cancer known to Paulus Igneta. The black death, though its name is gone, lingers in malignant typhus. The great plague of Athens is the modern great plague of England, scarlet fever. And small-pox is the same lurking destroyer as it was when the Arabian Rhazes defined it.

Diagnosis.

The diagnosis of variola seems a very easy one, and in well marked cases, with pustular eruption, it is so. But in the less severe cases, especially in varioloid, when the eruption is scanty and undeveloped, the diagnosis becomes more difficult. The disease may then be confounded with syphilitic eruptions and with acne pustulosa, especially where there is no history of the previous condition of the patient. The diagnosis is more difficult, and at times impossible to be made, during the initial and eruptive stages. And yet, during these early stages, the diagnosis is very important, and a failure to detect the same may be followed by disastrous consequences.

Difference Between Measles and Small-pox.

Measles is the disease with which variola is most frequently confounded, and there is even an idea that there may be a combination of these two diseases. The points of difference between the two are about as follows: In measles we find, in the early stages, catarrh of the bronchi, conjunctiva and nose, a condition which only comes on in a later stage of variola. The appearance of the skin during the stage of eruption may, taken by itself, give rise to doubt.

We may lay down the rule, that in measles the maculæ are, from the beginning, larger than those of variola, and that they are developed almost simultaneously on the back and face, while in variola they begin on the head and descend step by step downward to the back. But this rule is only of value in the regularly developed cases. Much more important is the degree of fever shown by the thermometer. In variola, during the initial stage, the temperature ordinarily rises to 104.9°–105.8° while in measles, during the corresponding period, it seldom exceeds 102°, at the highest, 104°. It is also characteristic of variola that soon after the eruption appears the temperature falls, while in measles it continues the same or even rises. This peculiarity distinguishes variola from the other exanthematous fevers, and especially scarlet fever.

In this latter disease the early appearance of sore throat helps in the diagnosis. In purpura variolosa, however, the intense red color covering the back before the hemorrhages appear may closely resemble scarlatina; and even after the hemorrhages appear it may be doubtful if the case is not an example of hemorrhagic scarlet fever. And the case may be still further obscured by the uncertain character of the temperature in purpura variolosa.

The diagnosis between exanthematous typhus and variola is, in their early stages, sometimes very difficult. The fever serves as no guide, there being the same rapid increase of temperature in both diseases. When the eruption appears the temperature falls; in typhus it does not. In typhoid fever mistakes are seldom, as the rise of temperature is regular and characteristic. From ephemeral fever variola can be distinguished by its higher temperature.

Treatment.

Against the spread of small-pox we possess, according to latest authorities, a reliable barrier in vaccination, by the proper use of which the disposition to the disease can be almost entirely destroyed. Of the special treatment, it is asked, is it possible, in infected persons, during the stages of incubation and invasion, to cut short the disease or modify it? The answer is, many attempts have been made, but as yet without satisfactory result. The first idea was vaccination, and this was employed by some in the ordinary way; by others, subcutaneous injections were made, it is said with good results. Curshmann, however, states that during the stages of invasion and incubation vaccination cannot stay the disease, but on the contrary, he has seen, in cases where vaccination was practiced after infection with variola, vaccine pustules and small-pox pustules developed side by side, and it is doubtful, according to his idea, whether vaccination can ever render the course of the disease milder.

Again, Steinner made the assertion that quinine in large doses, given in the stage of invasion, has a tendency to shorten or modify the disease; but this is contrary to the large experience of Curshmann. The same author states that nothing can be done during the stage of invasion, except to regulate the condition of the patient and treat special symptoms. The patient should be kept in a large well ventilated room, temperature 67°; should be kept quiet and given easily digestible food; pure water is the best beverage, and must be often given, but lemonade, acid and mucilaginous drinks may be given also.

High grades of fever may render necessary the use of quinine or digitalis, or of cooling baths, or sponging. If the headache is severe, and the face flushed, iced compresses and ice-bags, usually afford relief. Pieces of ice and seidlitz

powder may be used to relieve the vomiting and retching. When these are not effectual, good results from the hypodermic use of morphia are recorded. When the eruption appears the measures to be adopted will vary according to the form of its appearance. The milder forms of varioloid demand no interference; in severe variola, on the contrary, the eruption, the symptoms, and the complications demand our attention.

External Applications.—The methods of treatment proposed for the eruption are numberless. Some endeavor to treat the separate pustules. The Arabian method was to open the pustules early. Some, again, cauterize each pustule after opening it. The end aimed at by these procedures, to prevent the formation of deep cicatrices, is never attained with any certainty. If the pustules are superficial, their scars will be slight; if the papillæ are involved, no amount of caustic can prevent the loss of substance.

Other attempts have been made to absorb the pustules; for this purpose the tincture of iodine has been employed, and Martins, Eimer and Knecht say that the results are favorable to its use. Lützer believes that carbolic acid given internally coagulates the contents of the pustules and cuts short their development. Aran and Valleix recommend the painting of the face with collodion.

According to the experience of Curschmann, all of these methods are far inferior to the use of cold compresses, and he recommends cold and moisture as the most efficient agents in the treatment of the eruption. In all severe cases the application of ice compresses to the face or any part where the eruption is abundant is to be warmly recommended. The severe pain is said to be diminished, the swelling and redness of the skin are lessened, and the patient is much relieved.

In the same way may be relieved the intense pain in the hands and feet. If the odor is bad, carbolic acid is added to the application.

In the stages of invasion and eruption immersion baths are beneficial. In the period of suppuration, if the patient cannot be gotten out of bed, cold compresses and sponging of the body are easily used.

Astringent gargles are used when indicated; a solution of sesquichloride of iron is recommended. To relieve pain and difficulty in swallowing, mucilaginous drinks, decoctions of althea, chlorate of potash, dilute chlorine water, and weak solutions of iodine are usually employed. Where there is acute œdema of the glottis, an emetic may be given; if the patient is strong enough, local scarification or tracheotomy may be employed. When the disease is fully developed the diet should correspond to the degree of the fever, and to the condition of the patient's stomach. In severe delirium hydrate of chloral may be given per rectum, from one and a half to two drachms, in mucilage and water; or the bromide of potassium, with opiates, the latter subcutaneously. If the patient is weak, or fairly in collapse, quinine, camphor, wine or alcohol should be given. Stokes' cognac mixture is recommended. Best brandy and distilled water, each two ounces; syrup, one ounce. A tablespoonful every two hours.

During the stage of decrustation warm baths should be employed daily for some time, to assist in the falling of the crusts.

Curschmann states that little or nothing can be done in the hemorrhagic form of small-pox. Acids, quinine in large doses, ergot, and liq. ferri sesquichloridi are of no effect. Tonics and irritants do but little good. Injections of ice water and cold compresses are of little use.

Of the earliest treatment of variola, Hahn, a German physician of note, who wrote in 1738, ascertained from experiment that in small-pox, as well as in measles and scarlet fever, we may freely wash with cold water, from the first to the last, during the whole period of the disease, in order, says the writer, to prevent the fever from becoming too violent.

The skin is rendered more soft, so that the acrid matter can the more easily pass through it. In small-pox the corrosive quality of this acrid matter is rendered milder, so that it does not destroy the skin to the same extent as in cases where washing is not employed. The same physician, in speaking of the African method of treatment, says when small-pox breaks out among them, they gather together, and tie the individual affected with the disease to a rope and dip him several times into the sea, after each dip drying him in the sun or under cover. However, this method cannot be adopted in this section of the globe, and is merely given to show how much more agreeable the ancient treatment must have been to the patient than the treatment of the present day.

From a general survey, we find that through the means of vaccination, properly done, with systematic bathing, we may not only prevent the disease from breaking out in our midst, but do much toward causing it to become extinct in the land.

"Wash and be clean," are golden words in the prevention and treatment of this disease.

Female Medical Students.

One of the weekly journals of St. Petersburg gives the following statistical particulars touching the number of women studying or practicing medicine in Russia:—During the year 1875 the number of female medical students amounted to 171, of whom 102 belonged to the nobility, 17 to high trades, 14 to small trades, 12 to the clergy, and 24 to the different classes of the gentry. Among the number, 23 were Jews, 12 Armenians, and 3 Lutherans; the remainder were of the orthodox persuasion; 23 were married, and 53 had already received their diploma. Another Continental journal also gives some details of the number of female students in the University of Berlin. Their number is 30, of whom 2 are studying law, 25 medicine, and 3 philosophy.

EDITORIAL DEPARTMENT.

PERISCOPE.

Chronic Aural Catarrh Treated by Electricity.

In the report of the National Eye and Ear Infirmary, by Drs. Swanzy and Fitzgerald, in the Dublin *Medical Journal*, the writers say:—

During the year Weber-Liel's (of Berlin) method of Intra-Tubal Electricity has been employed in two cases with satisfactory results. So far as we have learned, this is the first institution in the kingdom in which this most ingenious mode of treatment has been adopted. It is not indicated in many of the cases which come under observation in hospitals; hence the small number in which it was tried. The disease for which Weber-Liel recommends it is that known by the name of simple chronic catarrh of the middle ear. The conviction has, however, of late been gaining ground that the affection in question has but little in common with what we understand by the word catarrh, and yet a better name for it, or a satisfactory explanation of the true nature of the disease, has been wanting. The treatment hitherto in general use has been framed upon the catarrhal theory, and all who have had any experience will know how unsatisfactory it is. It is of the utmost importance that some means of relieving or arresting the progress of this disease should be found, as it is probably the most common cause of deafness; indeed, the title of Weber-Liel's book on the subject is—"On the Nature and Curability of the Most Common Form of Progressive Deafness" (*Ueber das Wesen und Heilbarkeit der häufigsten Form progressiver Schwerhörigkeit:* Berlin, 1873). According to this theory, the starting-point of the disease is a debility of the musculature of the Eustachian tube. Some catarrh of the middle ear may supervene at a later period, but is not an intrinsic part of the affection. He deduces his theory from his original anatomical, physiological and pathological investigations. The treatment he proposes is the direct application of galvanism to the Eustachian tube. This is accomplished as follows:—The apparatus used in the Infirmary is a small galvanic machine, with a single bichromate of potash cell. A commutator is connected with it for the purpose of reversing the current. A Eustachian catheter is first introduced, *lege artis*, into the tube about to be galvanized. Through this catheter one electrode, in the shape of an elastic bougie containing a silver wire, is passed until it projects one or two lines into the tube. The other electrode is a conveniently-shaped brass rod mounted in a wooden handle. This latter is placed immediately below or behind the ear, or on the cervical vertebræ. The current should be frequently turned during the sitting, and the latter should be continued for from three to fifteen minutes, and be repeated two or three times a week. The treatment requires to be persisted in for from three to six months. In order that the treatment may be of benefit, it should be employed in the early stages of the disease, before the tinnitus becomes very loud and continuous, and the hearing greatly impaired, and before secondary changes in the middle ear come on. In old chronic cases intra-tubal electricity is just as impotent as all other kinds of treatment.

Treatment of Gonorrhœal Rheumatism.

Dr. J. F. M. Geddings writes to the Charleston *Medical Journal*:—

Adopting the view that gonorrhœal rheumatism originates in the absorption of noxious material from the inflamed or irritated urethral (in the male) and the urethro-vaginal (in the female) mucous membrane, every effort should be directed to the mitigation of the primary disease. This focus of infection must be removed before the chances of relieving the joint affection by general or local remedies can be considered as at all encouraging. The gonorrhœa or other urethral irritation must be actively treated. To this end, absolute rest, spare diet (in the robust), in cases of severe chordee or deep-seated pain in the perineum, leeches and mild purgatives are indicated. But, inasmuch as gonorrhœal rheumatism usually occurs after the acute symptoms of *clap* have subsided, we may, in most cases, proceed at once to the use of astringent injections, with a view to suspend the discharge. The following formula, suggested by Niemeyer, I have found very efficacious in simple gonorrhœa, and there is no reason why it may not prove equally so in complicated cases:—

℞. Acid tannic, grs.xxx–lx
Vini gallici, rub., f.℥iv. M.
Ft. inject.
To be used three times a day.

Concerning the use of balsam copaiva I am extremely dubious. Highly recommended by Lebert and others, the remedy seems to me contra-indicated by the possibility of its inducing, in certain subjects, symptoms simulating those of the disease under consideration.

The local treatment of the affected joints requires absolute rest, leeches, and the cold or warm douche, according to the susceptibilities of the patient. After the acute symptoms are subdued, I know of no remedy which exercises a more beneficial influence than the actual cautery, applied lightly to many points around the joint, so as only to involve the epidermis and superficial layer of the chorion. Painting with

tinct. iodine, blisters, frictions with oil, etc., may be substituted, but with less effect. When the swelling has somewhat subsided, but the joint still remains stiff and painful, the cold douche, with frictions, gives excellent results. In indolent cases, where there is formation of much new tissue in and around the joint, moderate compression and an immovable apparatus should be used. Should adhesions have formed between the articulating ends of the bones, causing spurious anchylosis, Langenbeck's method of forcible extension and flexion in the chloroform narcosis should be practiced. This practice should not, however, be resorted to until the inflammatory symptoms have ceased. In cases where there is evidence of purulent accumulation, with caries of the ends of the bones, the question of amputation must be considered. Prichard reports a case where amputation of the thigh had to be practiced for suppuration of the knee, affected with gonorrhœal rheumatism.

The Metric System.

The following report of the committee on the metric system was presented, by Dr. E. W. Cushing, to the Suffolk District Medical Society, Massachusetts:—

"The metric system, which is in use in nearly all the civilized world except Great Britain and our own country, is not only decimal, but it has a very simple relation between the units of length, surface, solidity, and weight, and their multiples; this immensely facilitates all scientific and mechanical calculations, and has led to the exclusive use of the metric system in scientific works of recent date.

"The names and relations of the multiples and divisions of the different units are so simple that they can be very easily learned and remembered. There is already much more familiarity with the system in this country than one might suppose; it is given in all the arithmetics, and is taught carefully almost everywhere in the schools.

"The present being a time of inquiry and intellectual agitation among our people, the committee has thought it best that this matter be referred to the Centennial Committee, to the end that the latter may bring it prominently before the nation at the International Exposition at Philadelphia. They beg leave to offer the following resolutions:—

"*Whereas*, The French metric system has been adopted by nearly all Continental Europe, and by India, Mexico, and the South American states; and

"*Whereas*, In the opinion of this society, it is far superior, theoretically and practically, to our present system of weights and measures,

"*Resolved*, That the Suffolk District Medical Society requests the Massachusetts commissioners at the Centennial Exhibition to use their influence with the Centennial Committee to secure the prominent exhibition of models and charts of the different scales of the metric system, with simple explanations thereof provided for popular circulation.

"*Resolved*, That when any considerable number of scientific bodies unite in petitioning Congress for the legal substitution of the metric system for that now in use, this society will join in such petition."

We shall be pleased to record similar action by other societies.

Reviews and Book Notices.

BOOK NOTICES.

The Religious Sentiment, its Source and Aim. A Contribution to the Science and Philosophy of Religion. By Daniel G. Brinton, M. D., author of "The Myths of the New World," etc. New York, Henry Holt & Co., 1876. Price, $2.50.

[Reviewed by Dr. George L. Beardsley, Birmingham, Conn.]

It is the mischief of all faiths to confuse religion as a compound of forms with its better essence. The masses are persuaded that obsequiousness to the conventionalisms of religion is the highest conception of duty; never submit their belief to an analysis by thought; are mere sciolists in their appreciation of the complications of the religious problem. A few are more skeptical of the validity of stale ceremony; earnestly explore every relation for the real; differentiate what the heart embraces from what reason refuses. To these, who await the solution of their faith by the logical processes, this book is evidently dedicated. The author has been under a cloud of dissatisfaction, we fancy, with the religious sensationalism of the hour, has suffered long in silence, at last rends his shackles, and rises to the dignity of a champion of independent thought. His task is to free the religious sentiment of its mystic halo of dogmas, and teach it as an intellectual concept. Let us look at his venture:—

The first chapter discusses the metaphysics of religion. At the outset of the inquiry, religions are christened as "products of thought." It is our preference to call them the products of the *processes* of thinking. These are characterized as harmonious in "kind and purpose," and are studied by methods known to natural sciences. The author first examines mind, as preparatory to a study of its expression in the religious sentiment. Sensation and emotion are

made the leading manifestations, thought antithetical to them, and truth its gauge. The definition of pain and pleasure, as queries of mental science, are singularly ingenious and significant. Pain is a prodrome of waste, while pleasure is "maximum action with minimum waste." This law governing pleasure is illustrated by the perfections of art, the unhindered workings of will and the feats of healthy consciousness. Brinton labors in the first twenty pages to prepare us for a just valuation of the relations of knowledge to religion. His order of proofs cannot be broken, and its intention is felt. Dr. B. then starts on his journey with religion based on that kind of knowledge that comes to us through the laws of thought. The Absolute, which religion argues within itself, is made attainable only by virtue of these processes. The axioms of correct reasoning are next studied, and the groundwork of religious philosophy established on the canon of "excluded middle." This "formal law" suffices to explain the relations of the intellect to the Absolute as decided, as real.

The hasty reader will fail to see the necessity of this dissertation; the astute thinker will pronounce the book worthless without it. As religions covet and brag of the truth, we must know its residence, if it *is*, and what suggests our religious wishes. The scholastic conception of the subject, and the mass of rich thought stored away in this opening chapter, make it an offering to psychology that would do honor to a specialist in that science.

Chapter II.—The religious sentiment is in this made to rest on a tripod of emotion whose legs are a wish, a hope, and a fear. Dr. B. argues a "desire" as the real excuse for our religious consciousness, while the incentive to spiritual explorations, the reward of our psychical gymnastics, is "love." This, we are told, is the corner-stone of all religions, and is conditioned on the continual blessings it showers on its object. The illustrations of the passion and its mien are historical and the hints of symbolism. We do not propose to quarrel with our friend in his interpretations of myths, though we think his translations are too free. It does seem to us it will grate on the Christian sensibility of not a few when they learn that their religious yearnings are cousins to their sexual promptings; that religious fervor or fanaticism is twin sister of "excessive lewdness or desperate asceticism." Such a reconciliation is not just, and can be refuted too easily to suit the author. It drags down the beauty and purity of the Godhead to the sensualistic; it makes whatever is the blossom of our identification with God the full fruition of the basest instinct in us.

That sexual desires may have been linked to the earliest conceptions of love of the gods we do not deny; but that they are of necessity akin to true religious sensations now, is an uncharitable prejudice. Unquestionably, there are religious enthusiasts in whom lascivious erethisms are fed considerably, even installed, by religious commotion; but "it is the nature of the beast." Any kind of emotional feeling would favor the same surges of voluptuous uneasiness. It is a merciless grasp of premises to pronounce religious fervor an aphrodisiac. The author next touches on the "hermaphrodism" of God. This notion of the motherhood as well as fatherhood of God is unfolded in a way so chaste that its novelty wins, cannot repel, our sympathy. It is no more than a personification of those attributes to which language assigns sexual marks. The conception of a sexual god is not by any means "monstrous," as the author remarks; it is no vulgar study; it is only a step from the pure in sense to the pure in spirit. Dr. Brinton next discusses the power of theurgy on the religious mind, and in a few sentences of the most graceful diction honors the love of God as the only genuine. The chapter closes with a consideration of the three elements which enter into the religious sentiment: "a wish, an idea of power, and ignorance of the nature of the power."

Chapter III.—This is really a part of the first. The author conceives the vouchers for our religious consciousness as three; which we allow without dissent. The first is an "Order" in the universe, the opposite of mathematical probability, a rule of *force*. The second root is that the Order is real, intelligible. The last postulate affirms that all varieties of this "intelligence" are the same in kind; that is, the finite differs from the infinite only in degree, is evolved from it. The English in this essay is quite tight, but the treatment is no malign nor intentional crucifixion of perspicuity. The marvel is that, with such a text, the thought rises above a dead dryness, and that its movement is as lively as we find it. The gist of the chapter, so far as we have probed it, is, that the faith of

emotion is not sufficient, not resolute; that we can never reach truth except through the rational processes. Reason discovers in and around us a Law, a part of the True, which it is the end of all religions to cultivate. Were there no such germ in our possession, and did not thought bring it out of its hiding-place, we should hope in vain to apprehend Deity.

Chapter IV.—This essay, on Prayer and its answer, is "full of the seeds of things." It engages our attention at once by its living thought. Brinton here is quick to penetrate to the core of the truth, and plows every kind of soil for material. The most hard-shelled theologian will be tickled by the stern verity and orthodoxy of the sentiments in this chapter. Prayer is defined as "expectant attention," and has to do with the *getting* of something from God. The writer's reason why prayer fails—"it is not repeated enough"—is an economical use of words to set out what sermons have not been able to formulate. The "answer" is discussed with an insight into its spirit, as "inspiration;" or, if we pass the idea over to a metaphysical idiom, it is our immediate cognizance of the thoughts of God. Some of the methods employed in the search of a revelation of Truth are reviewed and explained as samples of intense mental emotion. The author shows a dialectic mind in his tracing our grasp of Deity through the medium of an electrified intellectuality.

Chapter V.—The myth is explained as a necessity to religious belief in pre-historic times, and even since, with some nations. Its origin is defined as physical, or an attempt to realize the Unknown as a power to grant or refuse a wish. The author, in his dissection of the mythus, touches at once its vitality. A distinction should have been made between it and the *legend*. The latter was powerful, and moulded a religion out of a history. Though it did not start, as the myth, from an idea, it at last found the idea in what was real. Dr. Brinton may object, to this criticism, that the philosophy of the myth takes in each. If so, we retire on this point. Having shown the organic essence of the early religious concept, its modifications are then traced, and the faithful unity, or family likeness of mythical creations everywhere, justified. The writer, closely clinging to the design of the chapter, proves that as intellectual needs grew imperative, as thought waxed in being curious, the laws of reasoning were not satisfied. And this leads us to the motive of the argument, namely, that an innate consciousness of an "Order," a "Force," and a succession of "Changes," with a yearning to explain existing phenomena, provoked a healthier interpretation of these mysteries. In this way arose the three sets of myths: (*a*) "Epochs of Nature," which symbolized the struggles of matter. This is subdivided into three classes: (1st) the myth of creation, which Brinton fashions after Voss, on the attributes of water; the (2d) and (3d) are supposed to have been the products of some intuition of a law of extinction. The second great mythus, "Paradise lost and regained," is grounded in the consciousness of a *motion* to something better. The method of the presentation is unique. There are no transgressions; the author aims to demonstrate that the logical processes *sifted* the myth by degrees. There is a consistency in the way he demolishes the myth; we expect it is coming, and are not disappointed by any pranks. The last member of the "Cycle of Myths," "the Hierarchy of the Gods," assumed the dual classification of divinities, which in time led to the "quantification" of the Godhead. A little ambiguity hovers around this term, but we understand it as an inclination to get at the phenomena of the Divine by mathematical formulæ. The argument from this point is that the rational processes only can try the unknown; that we must value logical identity alone as the fit postulate of our analysis of the Absolute, and that as soon as we adopt such a course of inquiry the myth will evanesce.

Chapter VI.—The design of this essay is to show the inadequacy of the Cult, the third medium of the religious sentiment, to bring mankind into an acquaintance with the Truth; how, by its very nature, it checked the rise or progress of thought; how it actually threatened every hope of apprehending the Unknown, by the extravagance of its claims and their low quality. The origin of religious symbolism is explained by the axiom of association of ideas; its tendency to surpass its mission, or its drift into prosopopœia, is illustrated by a history of its decline into mathematical and esthetic types. Two varieties of the Rite are described: the first required a propitiation of some angry god by sacrifice, the efficacy of which hinged on the degree of self-denial; the second commemorated and dramatized the myth. The same coherence

of method rules in this as in other essays. The author is constructive, and, what is a rare satisfaction, makes it possible for us to understand every step in his process of building.

Chapter VII.—This, the closing essay, is devoted to a consideration of the bearings of the "historic idea" on religious culture. The "idea" is viewed by the author as an "object" of wide desire. Its recurrence is reviewed, and its three divisions expanded. The first is the "idea of the perfected individual." In this section religion is portrayed as an "idealization of physical force;" next, of form; and last, of mental culture. Its successive failures under this notion are accounted for in that the "idea" did not address the reasoning powers. The second historic idea is that of the "perfected commonwealth." This ideal, the author observes, enters into all creeds that are not egotistical. This notion disappointed its adherents, as it warred against morality, and discouraged quests for the true. The two momenta just examined, Brinton finds, do not appease the longings of the honest searcher for religious satisfaction, and a third incentive is found, the idea of "personal survival." The energy of this tenet is exhibited, and its decay foreshadowed. Here, again, the author declares the folly of all systems which are not rooted in the laws of mind. The last thirty pages describe the momenta of the religious thought in the future. These are embraced in the union of right thought, doing good, and rest in the will of God. This chapter is the jewel of the book. No mechanical theology is here recommended; no moonstruck homilies on an endless woe to come, are embalmed. An honesty of soul, a love for the good, confidence in the will of God; this is the piety which the book heralds.

The spirit of the book is never bitter nor denunciatory. Though his logic is masculine and searching, Brinton is always courteous and generous. There is no arrogance about his statements, and with a few exceptions, where his zeal gets the better of him, the popular sentiments which he endeavors to change are not ruthlessly flayed. The method is inductive generalization, and the author, from the beginning to the end, is uniformly consistent in his use of this instrument. The logical aim of the work is to show the necessity or conditions of the religious faith as they are brought out by cognitive powers. The tendency of the book is to the formal sciences.

In presuming on a new opinion, Brinton is unusually careful to prove what he alleges. His way of confirming his judgments may not please us, and we often question the soundness of his premises, but it is because of our bias, and if we give ourselves up to him, we find he has the burden of the proof and is strong enough to carry it. The author's way of refutation is always fair. It is for this reason that his policy of persuading is so pleasant. Brinton believes there are other opinions than his; that they have force, too, and he allows it. By comparison and contrast he shows which has more of the truth.

NOTES ON CURRENT MEDICAL LITERATURE.

——We have received in exchange the *Gazeta Medica da Bahia*, a Brazilian monthly medical journal, published in Portuguese. Each number contains forty-eight pages, printed with typographical excellence, and, aside from a large number of original articles, contains an extensive review of foreign medicine. We notice in it a translation from the REPORTER.

——"The Fifty-ninth Annual Report of the Asylum for the Relief of Persons Deprived of the Use of Their Reason," located near Frankford, in this city, has just been issued. The Report states that 84 patients were under care at the date of the last annual report, and 38 have been received since. Of the whole number, 17 men and 17 women were discharged, and 4 died. The medical officers of the institution are Drs. Joshua N. Worthington and John C. Hall.

——The *Revue de Medecine et de Pharmacie de l'Empire Ottoman*, is a bi-monthly from Constantinople. A leading article is a history of medicine among the Arabs.

——A new scientific periodical, entitled *Electrité*, has been issued in Paris, under the patronage of Count Halley d'Arroz, director of the International Exhibition of 1877.

——Professor Socrates Cadet, of Rome, has our thanks for an interesting pamphlet, embracing researches on the inhibitory function of nerves. It indicates his usual thoroughness of research.

THE

Medical & Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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THE CARE OF THE INSANE.

The specialty of the art of medicine which concerns itself with the treatment of the insane may not seem to have been cultivated very successfully in the United States. The theories in regard to the position of the insane before the law, their responsibility and power of discerning duty, which have been framed and advocated by American alienists, have received frequent condemnation abroad, and have been pronounced by some of the most eminent jurists of this country to be mischievous and wild. Their result has been over and over again demonstrated in the escape of notorious villains, and in that increase of crime which arises from the sense of impunity. The defence of insanity, "emotional," or "volitional," or "temporary" insanity, is a most cheap and easy one.

The methods of treatment in the insane hospitals in the United States have been within the last six months most severely criticised in some English medical periodicals. Unquestionably, there are very grave faults in the care of the insane poor; faults, however, for which municipal and county authorities are more to blame than physicians. We do not have to go to county poor-houses to find examples. None worse need be quoted than that of the public hospital, "Blockley," of this city. With twice as many inmates as there is room for, the insane wards of that institution have been a standing discredit to this city for years.

In Massachusetts and North Carolina, two States wide apart in everything, accounts of investigation, within the last two months have been sent us, showing a callous indifference to the comforts and decencies of these wretched invalids. Supine physicians, selfish attendants, and indifferent Boards combine to render establishments which should carefully treat the insane little better than the Bedlams which, a century and a half ago, used to be one of the sights shown visitors to London.

The remedy for this state of things is difficult to point out. No one class can accomplish the needed reformation. The good feeling of the community must be enlisted, and those who neglect their duty must be summoned to the bar of public opinion by giving publicity to their actions. Methods of treating sufferers from mental maladies must be brought into operation, by which confinement, seclusion and restraint will be reduced to the minimum. There are such methods, in vogue in other countries. In our next number we shall endeavor to sketch one or two of them.

DR. DOBELL'S ABSTRACTS ON CHEST DISEASES.

The "diseases incident to civilization," if we may judge from the mortality returns, are chiefly those of the heart, lungs, and bronchial tract. Consumption and cardiac complaints fill a portentous roll in mortuary statistics. Pneumonia is the disease most fatal to the very old, and hardly less dangerous to the very young.

It is, then, a most timely publication which

has been inaugurated by Dr. Horace Dobell, of London, in the form of an annual Abstract of all that is done in the field of these frequent diseases throughout the scientific world. In plan, it is proposed to make it a careful epitome of the progress in the diseases of the chest. Himself eminent for his brilliant contributions to the therapeutics and literature of these complaints, he has enlisted numerous and distinguished coadjutors in the enterprise. Among them we may name, of this country, Professor Austin Flint, of New York; Professor Da-Costa, of Philadelphia; Professor F. Donaldson, of Baltimore; Professor J. Draper, of New York, etc.

The plan of the work is as follows:—

Toward the close of each year will be published a complete *précis* of the work of the year in that Department of Practical and Scientific Medicine which includes the anatomy, physiology, morbid anatomy, pathology, diagnosis, etiology, materia medica, therapeutics, climatology, etc., of the thoracic organs and their intermediate associates.

Although the department selected is the widest and most important in medicine, it will be practicable, by keeping within its boundaries, to produce such a complete *précis* of all important work, that these reports, when collected from year to year, will constitute a comprehensive, concise, and reliable book of reference on chest disease, and will enable the medical practitioner readily to compare the works of different authors, instead of relying upon those of any one, and to see at a glance the latest improvements in treatment; while to the scientific student they will present an epitome of modern discovery and research.

Editors of British and foreign medical periodicals are invited to exchange their journals with these Reports; and authors are requested to send, as soon as possible after publication, abstracts of such parts of their works as refer to chest disease (or the works themselves, with such parts marked), to Dr. Dobell, 84 Harley Street, London, to whom all letters, books, etc., should be addressed.

The first volume (for 1875) can be had from the London publishers through any bookseller, or will, if desired, be ordered from this office.

Notes and Comments.

Treatment of Stammering.

One of our dailies contains a letter, which appears trustworthy, written by a gentleman who stammered from childhood almost up to manhood, and who gives a very simple remedy for the misfortune:—"Go into a room where you will be quiet and alone, get some book that will interest but not excite you, and sit down and read two hours aloud, to yourself, keeping your teeth together. Do the same thing every two or three days, or once a week if very tiresome, always taking care to read slowly and distinctly, moving the lips but not the teeth. Then, when conversing with others, try to speak as slowly and distinctly as possible, and make up your mind that you will not stammer. Well, I tried this remedy, not having much faith in it, I must confess, but willing to do almost anything to cure myself of such an annoying difficulty. I read for two hours aloud, with my teeth together. The first result was to make my tongue and jaws ache, that is, while I was reading, and the next to make me feel as if something had loosened my talking apparatus, for I could speak with less difficulty immediately. The change was so great that every one who knew me remarked it. I repeated the remedy every five or six days for a month, and then at longer intervals, until cured."

The Arrest of Hemorrhage by Torsion.

This method, popular with some surgeons in this country, was the subject of a late essay by Dr. Tillaux, of Paris, read at the Société de Chirurgie, with these conclusions: 1. Torsion is applicable to arteries of every calibre, and more especially to large arteries. 2. A single forceps is required, whatever be the size of the artery. 3. The artery should be seized obliquely, and not in the course of its continuity, and in such a manner as to comprehend within the teeth of the forceps all the three tunics of the vessel in their entire breadth. 4. The torsion should be continued until the portion seized is entirely detached. 5. The thrusting back the tunics toward the heart, as advised by Amussat, and the limited torsion of Amussat and the English surgeons, are useless. 6. Torsion is applicable to atheromatous and inflamed arteries. It is a valuable means of arresting hemorrhage at the bottom of wounds. 7. It

favors immediate union by the absence of a foreign body. 8. Like the ligature, it protects from primary hemorrhage. 9. It is a better protective against secondary hemorrhage than the ligature. Since 1871, M. Tillaux has exclusively adopted torsion, both in great and small operations; and in about a hundred great operations in which he has employed it, he has never met with either primary or secondary hemorrhage.

Catacombs vs. Cremation.

A French engineer, M. de Jugny, proposes a method of disposing of the dead, which, in his opinion, would render cremation, to which there are so many objections, quite unnecessary. It consists in constructing vast subterranean galleries, two stages in height. Each gallery is to be divided into compartments formed of very solid hewn stone, each being able to hold a coffin, and so secured that no infiltration or exhalation can take place. The system, it is said, is in action at Naples, to everybody's satisfaction. The expense, carried on over twenty years, will amount to only $400,000 per annum. Calculations show that about ninety acres of land will suffice for the entire population of Paris; and the requisite territory may be obtained underneath the fortifications, and distributed according to the wants of the different parts of the capital.

The Supervision of Disease.

While a few voluntarily ignorant writers, such as the editor of the *Pacific Medical Journal*, still inveigh, on sentimental grounds, against limiting venereal disease by appropriate medical supervision, it is gratifying to see that even the declared enemies of the English contagious diseases acts are, in the words of the *Medical Times and Gazette*, "forced to the unwilling admission that, at any rate, the Acts are beginning to work for good," in an undoubted reduction in the number of prostitutes. This was conceded at a late public meeting.

Treatment of Mammary Lesions.

The treatment pursued in the lying-in institution of Dresden, by Dr. Huebner, of all lesions of the nipple and areola, consists in the constant application, day and night, of lukewarm compresses, wet with lead-water; fissures, ulcers, and excoriations being touched once or twice a day with balsam of Peru, and the breast well supported. The child should nurse less often than usual, and where possible, through a nipple-shield. He recommends the warm lead-water in mastitis also, to be followed by strapping of the breast and free incision, while suppuration is promoted by poulticing.

The Prevention of Scarlet Fever.

A respected English sanitarian, Dr. H. Franklin Parsons, states that, in spite of the intensity and infectiveness of scarlet fever, he believes it is not too much to say that in the country, if the sanitary conditions are fairly good, and the cordial co-operation of the friends and the medical attendant can be obtained, it may generally be prevented from spreading beyond the household first attacked. He finds that the great obstacle to carrying out preventive measures is the indifference, incredulity, and fatalism of the people themselves. The mildness of many cases of scarlet fever also makes preventive precautions appear unnecessary, as well as irksome, it not being sufficiently known that the mildest case may communicate the disease to another person, who may die of it. He also expresses regret that medical men so frequently use the name "scarlatina," as it is a common fallacy that "scarlatina" is a different and milder disease than "scarlet fever," and he suggests that the term "febris rubra," as given in the official "Nomenclature of Disease," should be used as the Latin name for scarlet fever.

Puerperal Thrombosis.

This occasional cause of sudden death during confinement was illustrated before the London Pathological Society, recently, by Dr. Hilton Fagge, who read the notes of this case: A lady, a primipara rather late in life, was making a somewhat slow recovery from her confinement, having had "white leg" on the left side. She was suddenly seized with great abdominal pain and collapse; no pulse could be detected, and she was apparently moribund. Later on, she rallied a little, and when Dr. Fagge saw her the pulse was just perceptible, but the pain returned in all its intensity, though the abdomen was soft and supple, and on careful manipulation nothing abnormal could be detected. About eleven hours after the first onset of the pain, the patient died. On opening the abdomen, the upper half of the small

intestine was of an intensely purple red, as in strangulation by a band or hernial sac, though in this case the intestine was soft and flaccid. Dr. Fagge at first thought this condition might be accounted for by embolism of the superior mesenteric artery from puerperal endocarditis, but the heart was found to be healthy. On examining the mesentery and intestine, the veins corresponding to the portion of intestine whose color was so changed were found to be full of *ante-mortem* clot.

Another "Miracle."

Last winter the religious world of Italy was stirred by the announcement of a local Louise Lateau in Turin. Every Friday wounds were noticed on the forehead, the hands, and the feet of a "holy" nun of the Convent of Cottolengo. The authorities were anxious to ascertain the truth of the miracle, and entrusted the examination of the nun to Professors Pacchiotti, Rovida, and Giacomini. These gentlemen sent in the following report:—"In the first place, we find that the patient is in a great state of excitement, which induces her to imitate the wounds of our crucified Saviour, wherein she has hitherto not particularly succeeded. In the second place, the wounds have been produced by sharp instruments, such as pins or needles; and every Friday, when these wounds are on the point of healing, they are reopened by the same instruments. The patient should be sent into a hospital to be watched and cured." The authorities, in compliance with this advice, ordered the nun to be conveyed to hospital.

The Coca.

This Peruvian plant is just now attracting in England one of those periodical spasms of attention with which it has attacked the medical world ever since Pizarro burned his ships. Weston was said to have used it in his great pedestrian feats. But he, himself, denies it. A gentleman writes to the *Lancet*:—

"The leaves of this plant, either smoked in a pipe or used as an inhalation, have a decided effect on bronchial spasm. I have recently employed it in this way with marked benefit in cases of idiopathic asthma, the dyspnœa and distress being much relieved, and more especially in chronic irritating cough. One gentleman, who could not sleep, through paroxysms of coughing, now enjoys a full night's rest after smoking a pipe of coca mixed with a small quantity of tobacco. Moreover, it leaves no headache nor unpleasant after-effects."

Experiments conducted in this city, some years ago, discovered no important therapeutic or economic value in coca.

Free Doctoring.

While in this country we are striving to pass laws to limit the practice of medicine to properly educated persons, it is otherwise in Belgium. According to the *Presse Médicale Belge*, there seems to be considerable danger that the Ultramontane Parliamentary party, aided by the Extreme Radicals, will succeed in carrying their measures for what they call the emancipation of professional teaching. By these not only the teaching but the practice of medicine will be thrown open, without any guarantee for their proper performance; the present law prohibiting illegal practice—which has been so distasteful to the provincial clergy, the great sinners in this matter—being abolished.

The Poison of Insect Powder.

Insect powder is largely made from a species of *Pyrethrum*. M. Jousset states that if the powder has been previously treated with alcohol it loses its insecticide power and the alcohol becomes poisonous. The poison is not due to the essential oil of the plant, as this does not exert any baneful influence on insects; but the poisonous property is contained in a concentrated state in the crystallized substance, which he believes to be of the nature of an alkaloid.

Correspondence

Fracture Resulting from Muscular Action.

Ed. Med. and Surg. Reporter:—

Professor Gross says, in his "System of Surgery," vol. i, page 910:—"It is not often that a bone is broken by muscular action, and yet such an accident is not, perhaps, as uncommon as is generally imagined." From this I take it that the following case will not be without interest to the profession.

March 3d, ult., I was called to see William P., aged 12 years. Complexion sandy; temperament nervous; general appearance healthy, and family record good. Found the left tibia broken off obliquely, at the junction of the lower and middle thirds, and the right femur, at the junction of the upper and middle fourths; but was surprised to find there was not the least

mark of external violence upon his person. After inquiry, I learned that William and another boy had agreed to cut down a tree "for fun," and, when it was about ready to fall, the other boy said to him: "You're afraid to run through, under the tree, after it starts." William said: "I'm not," and attempted to carry out the feat. The two, William and the tree, started; but the former, suddenly realizing the danger, in his desperate effort to save himself fractured both legs, as above described, by muscular action; the tree having been cleared by fully two feet.

Barring some slight difficulty in keeping the fragments of the femur in apposition, both fractures progressed favorably.

A. M. Hoover, M. D.

Freeport, Pa., April 24, 1876.

News and Miscellany.

Medical Society of the State of Pennsylvania.

The Twenty-second Annual Session will be held in the city of Philadelphia on Wednesday, May 31st, 1876, at 3 P. M. The appointments are:—To prepare—The Address in Surgery, Dr. D. Hayes Agnew, Philadelphia. The Address in Obstetrics, Dr. R. Davis, Wilkesbarre. The Address in Medicine, Dr. James Aitken Meigs, Philadelphia. The Address in Hygiene, Dr. Benjamin Lee, Philadelphia. The Address in Mental Disorders, Dr. John Curwen, Harrisburg. The Secretaries of County Medical Societies are earnestly requested to forward *at once* their lists of *Officers and Members*, with the *Post office address of each member.*

Wm. B. Atkinson, M. D.,
Permanent Secretary,
1400 *Pine Street, Philadelphia.*

Medical Society of New Jersey.

The next annual meeting of the Medical Society of New Jersey will be held in Congress Hall, at Cape May City, on the 23d and 24th of May, 1876, commencing at 7.30 o'clock, P. M., on Tuesday. Orders for excursion tickets, over the Pennsylvania Railroad, may be obtained on application to the Recording Secretary. Free passes will be given over the railroad from Camden to Cape May. The train will leave Camden at 3.30, P. M., on Tuesday.

Wm. Pierson, Jr.,
Orange, May 1st. *Recording Secretary.*

Prize Questions.

The Belgian Académie Royale de Médecine offers a prize of a gold medal of 1000 fr. for the best essay on the following two subjects:—1. What are the relations between the emigration of blood corpuscles and inflammation? To be illustrated by new experiments, and, if necessary, new demonstrations. 2. Indicate the relative value of amputation and excision in white swelling. Detail the indications and contra-indications. The memoirs for the first question to be sent into the Académie before March 1, 1877, and for the second before July 1, 1877.

Personal.

—Dr. Peter Schuh, of this city, whose publication of a posological chart was noticed in this journal last year, committed suicide a few weeks ago. His wife, much younger than himself, and very beautiful, took her own life with prussic acid, and the doctor, on discovering her lifeless body, shot himself through the heart. These events occurred on the first anniversary of their marriage, April 19th. The motives are shrouded in mystery. The doctor is said to have been a Russian by birth, but had lived in this country a number of years.

—M. Hardy, well known in connection with the Hôpital St. Louis, Paris, as a leading dermatologist, was lately appointed professor of clinical medicine, in succession to M. Bouillaud, retired.

—Dr. Ralph M. Townsend has returned from the Bermuda Islands improved in health. He does not, however, speak favorably of that place as a health resort.

—Elias Wildman, D. D. S., has resigned the deanship of the Philadelphia College of Dental Surgery, and George Barker, D. D. S., has been elected Dean in his place.

—Dr. Brown-Séquard has been offered the chair of Physiology in the new medical faculty of Geneva.

Items.

—At the Eye and Ear Department of the Philadelphia Dispensary 243 cases were treated and 2034 visits made by patients during the past month.

—The new lunatic asylum at Moorestown, New Jersey, is now nearly completed, and will be ready for the reception of patients about the last of June or first of July next. The total cost of the buildings has been $2,250,000. The late Legislature granted the commissioners an additional appropriation of $300,000 for furnishing and completing them. The buildings are very beautiful, and have 430 acres of land attached.

—The New York Board of Health last week made the gratifying announcement that scarlet fever and small-pox, which have prevailed to an unusual extent during the past month or so in that city, are now on the decline. That week the deaths from the former were 86, against 103 the week before; from the latter, 16, against 29. Diphtheria about holds its own; one week, 75; last week, 76.

—Good English authorities estimate the preventable deaths arising from impure air and water in that country at 15,000 annually.

—The Ninth International Statistical Congress will meet this year, the last of August, in Buda-Pest. Some of the questions announced for discussion are:—In what manner can the State secure the most accurate tables of mortality? How shall the movable population of cities be treated in census tables? The statistics of epidemics; the statistics of baths.

—A supposed *homo caudatus*, a man with a tail, or at least with a hairy appendage to the lower end of the spinal column, was presented before the Berlin Anthropological Society. Investigation, however, proved the tail a hairy nævus of unusual size.

—At the depth of twenty-six meters the temperature of the soil is invariable. It is 12.41° C.

QUERIES AND REPLIES.

Pruritus in Pregnancy.

In answer to the inquiry of Dr. G. L. C., of South Carolina, concerning "Pruritus in Pregnancy," I suggest he tries—

R.	Sodæ borax,	ounce ss
	Morph. sulph.,	grains vj
	Aquæ rosæ distil.,	ounces viij. M.

Apply three or four times daily with a bit of sponge, first washing the parts with tepid water and soap, and dry them before applying the lotion.

I have used the above (taken from Colombat, by Meigs, page 276) in a number of cases, without a single failure. Respectfully yours,

Cecilton, Maryland. SAMUEL E. WILLS, M. D.

To Disguise Tannin.

Dr. U. B. K., of Pa.—"How can the *astringent taste* of *tannin* be overcome, without *affecting* its *medical virtues*, when dissolved in water acidulated with acetic or muriatic acid?"

Professor J. M. Maisch kindly furnishes us the following reply to the above:—

"In answer to the query as to how the taste of tannin can be disguised, I have to say that if a *complete masking* of the astringent taste is intended, I do not believe that can be attained; but if the astringency is to be modified so as to become palatable, I do not think that the task is very difficult. Cinnamon, cloves, sassafras bark and other aromatic drugs contain considerable amounts of tannin, yet their astringent taste is not unpleasant—it being modified by the aromatic principles. A large amount of tannin is found in wild cherry bark, yet the cold infusion is not very unpleasant, owing to the bitter almond taste developed, but the taste of the syrup is more agreeable on account of the sugar contained therein.

"The agents best adapted for modifying the astringency of tannin, therefore, appear to be aromatics and sugar, used separately or combined. This plan has been adopted in several fluid extracts and syrups of the United States Pharmacopœia, and is well illustrated by the aromatic syrup of galls, used to some extent in this city, and which contains in 8 fluid ounces the tannin and aromatic principles of 4 drachms of nutgalls and 2 drachms each of cinnamon and mace. This syrup contains over 15 grains of tannin in the fluid ounce, but is readily taken by infants."

OBITUARY.

DR. R. R. PORTER,

Of Wilmington, Delaware, died suddenly, of apoplexy, April 14th. He was a native of Wilmington, having been born there in September, 1811, and at the time of his death was nearly sixty-five years old. He was educated at a classical institution, went to Philadelphia, when but twenty-one, to study medicine at the Jefferson Medical College, and graduated with an excellent record at twenty-three. For some time he practiced in that city, and was at one time a physician in the Friends' Insane Asylum at Frankford, Pennsylvania. Three years after having graduated, when he was twenty-six years of age, he went to Wilmington, and opened an office; he remained up to the time of his death one of the most prominent physicians in the city. For some years he had retired from practicing, having been in feeble health. His practice was a lucrative one, and he has always stood high in the estimation of the profession. He was elected President of the State Medical Society upon more than one occasion, and has represented that society in the American Medical Association; he was, we believe, at one time its Vice-President.

He married a daughter of the late Judge Hall, thirty years ago, and had five children, all of whom are yet alive. He was an active member of the Historical Society, and of the Presbyterian Church. The doctor was universally respected throughout the city, and his sudden death will cause universal regret.

DR. W. C. WOOLFOLK.

At a meeting of the Owensboro (Kentucky) Medical Society, held on the evening of April 18th, 1876, the following memorial was ordered to be recorded in the minutes of the Society, to be published in the city papers, and in the weekly MEDICAL AND SURGICAL REPORTER, and that the Secretary send a copy to the family:—

The death of Dr. W. C. Woolfolk has deprived us of one of our most active and useful members. The Society mourns its loss, whilst each of its members feels that there has been taken from himself a friend, genial and kind, whose professional career was marked by a noble sympathy with human suffering, and by untiring labor to relieve it.

The Society orders that a page of its record book be set apart for an inscription to his memory.

J. F. KIMBLEY, *President.*

C. C. LEWIS, *Secretary.*

MARRIAGES.

MCCARTY—MCELROY.—At the residence of the bride's father, by Rev. Mr. Walker, on the 13th inst., Dr. J. W. McCarty, of Owensboro, Ky., and Miss Mary McElroy.

WENZEL—HENDRICKS.—At the residence of the bride's mother, near New Cassel, Wis., on April 28th, 1876, by the Rev. G. H. Moulton, Henry P. Wenzel, M. D., fomerly of Germany, and Miss Mary A. Hendricks, of New Cassel, Wisconsin.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1002.] PHILADELPHIA, MAY 13, 1876. [VOL. XXXIV.—No. 20.

ORIGINAL DEPARTMENT.

LECTURE.

ON LABIAL HERNIA, AND ON NEURALGIA OF THE BLADDER.

BY DR. WILLIAM H. WARDER.

Reported for THE MEDICAL AND SURGICAL REPORTER, by Charles Winslow Dulles, M. D., Resident at Philadelphia Hospital.

GENTLEMEN:—The first case I present to you to-day is one of great interest. Jane R., aged 54; white; cook. First menstruated at the age of 15; was married at 20; had her first child at 23, her last at 33, and has had five in all. None of her labors were difficult. Soon after the death of her first child her husband died. She has been an inmate of this house for many years, and has worked in the kitchen for the past eight or nine. About five years ago she noticed a small lump on the right side of the mons veneris, which has gradually increased in size until it has reached the size you now see. It has never caused her any inconvenience. She suffers from some slight erosion of the cervix uteri; but this is not why she comes before you to-day. The tumor is what concerns us at present.

I present this case to your consideration because it has at least two points of interest:—

First. It is one of those rare forms of disease which you will very seldom see, and which, consequently, you will have but little opportunity of studying.

Second. A mistake in regard to its diagnosis and treatment may sacrifice the life of your patient, and your own reputation.

You find here a tumor, about the size of a goose-egg, situated in the right labium majus, and extending up toward the abdomen. What is its nature? Is it an abscess? If it were, we should find the characteristic symptoms of inflammation. But we have no redness, heat, nor pain. There is none of the characteristic hardness surrounding the tumor, the result of inflammatory deposit. There is no pain upon pressure, and there are no constitutional symptoms of such a condition. Then we will say it is not an abscess. Is it a hydrocele of the inguinal canal? This is of so rare occurrence that we might, without further consideration, pass it by. Yet it is sometimes a matter of great difficulty to diagnose this from other diseases of the labia. You are aware that the labia in the female are the analogue of the scrotum in the male; that the round ligament is the analogue of the spermatic cord. Some anatomists say that the round ligament ends at the mons veneris. This is not the case. The round ligament gives off a portion of its fibres to the mons, but the rest lose themselves in the dartoid sac, which extends downward along the external labium to the fourchette. The peritoneal covering of this ligament usually extends to the inguinal canal; but now and then, in young subjects, it will be prolonged through a portion of the canal, and form what is known as the canal of Nuck. In adults this is ordinarily obliterated, and hence the rarity of hydrocele or hernia in the female. What are the symptoms of hydrocele? It is usually of slow growth. It is not painful. It gives the sensation of a sac filled with fluid; it gives fluctuation, but not resonance. It is translucent. It does not recede when the patient lies down. Applying these tests, we satisfy

ourselves that we have not here a hydrocele of the round ligament.

Then what is it? Its history is that it formed slowly, from above downward. On taking hold of the tumor I perceive a peculiar gaseous feeling. When the patient coughs, I get an impulse; when she is recumbent, by gentle pressure the contents of the tumor are forced backward into the abdominal cavity, with a slipping motion and a gurgling sound By these associated signs I know that this is a hernia. It has come down along the round ligament, and constitutes a complete inguinal hernia, or a labial hernia. Its coverings are the same as those of a scrotal hernia, with the exception of the cremaster muscle. The epigastric artery, as in the male, lies on its inner side.

This disease is a rare one. In twenty years' practice this is only the second one that I have ever seen. Femoral hernia is more common in women than this form. Now, as to the prognosis in such cases, it is usually good. Labial hernia does not give much trouble. In this case it has lasted a few years without causing any, and this will probably continue. The most important point in regard to it is the diagnosis. No mistake must be made. I know a case where such a tumor was thought to be an abscess, and opened with the bistoury, causing the death of the patient in three days. Be careful that none of you shall ever make such a dreadful mistake. You may always be certain to avoid it if you use an exploring needle before operating. This will assure you of the contents of the tumor. If they are watery, it is a hydrocele; if bloody, a hematocele; if gas, you have to deal with a hernia.

These hernias may become strangulated and demand operation; but this rarely occurs. As has been said, they usually give little trouble, beyond a sense of discomfort on stooping, or in walking, or in attempting to lift heavy weights. The tumor is easily reducible, and the only treatment, usually, is to apply a well-fitting truss, with a perineal band to keep it from slipping up.

Neuralgia of the Bladder.

Case 2. This is a very different case, which has been one of intolerable suffering. She was sent here by a surgeon, who said she had a tumor of the uterus. She is sixty years of age, a cook by occupation; began menstruating at fifteen years of age; was married at twenty; had a baby the same year; her husband died the next, and she has lived single ever since. A year ago she began to have trouble with her bladder, frequent desires to micturate, and great difficulty and pain in doing it She would sit for a long time on the chamber, and suffer agony in passing a small quantity of urine. Examination of her urine has failed to detect any pus or other symptom of organic disease of the bladder. My resident dilated her urethra, and examined it and the bladder everywhere with his finger, with the idea of discovering any disease of the mucous membrane of either. or, perhaps, relieving neuralgia of the neck of the bladder, as has been done in some cases lately reported in the journals. No disease was found, and the anticipated relief was not obtained. Such obscure bladder difficulties are sometimes due to organic disease of the uterus. In this case, however, we cannot adopt this explanation. There is a slight senile catarrh, but no ulceration, and there never has been any menstrual disorder, nor are there the usual constitutional symptoms of considerable uterine disease. But we find here the symptoms already stated, and also a condition of nervous excitability, with an intense desire for sympathy. This latter sometimes leads to an impression that the patient is malingering, which may make us do injustice unless we are on our guard. In view of all the history and symptoms, we have decided this to be a case of cystic neuralgia.

Some time since I had a similar one, in a lady aged thirty-five, who was a terrific sufferer; she took from six to eight grains of morphia a day, and on one occasion sat for twenty-four hours upon the chamber. She had come from a Southern city, consulting surgeons at various places along the route, and had failed to get relief. It occurred to me to make an injection of a strong solution of nitrate of silver, which I did, using thirty grains to the ounce of water. This caused such intense pain that I had to keep her under the influence of chloroform for twenty-four hours, and was well scared at the effect first produced. But, to my joy and hers, she was completely cured, and has never suffered so since.

The same plan was pursued in this case. Two weeks ago we injected a solution of argenti nitratis, grains x, to aquæ, fl.ʒ j, which gave some relief. A week later we used a

solution of twenty grains to the ounce, with more decided advantage. After each injection we gave a half grain of morphia hypodermically, to allay the immediate pain which the caustic produces.

[Note.—Two weeks later she was virtually cured.]

Communications.

SOME CASES OF PUERPERAL CONVULSIONS.

BY W. J. CRAIGEN, M. D.,
Of Cumberland, Md.

While practicing in Cameron county, Pennsylvania, among others I attended the following cases of eclampsia:—

Case 1.—Was hastily called, about seven o'clock in the morning, to see a woman "in fits," living two miles distant in the woods.

Arriving at the shanty, I found Mrs. F., aged 21 years, comatose, retching, and shortly after my entrance seized with a severe convulsion. I learned that she was in the seventh month of gestation, and that her husband had left her at twelve o'clock that night to go to work, without noticing anything unusual about her when he arose. The occupants of an adjoining room were aware of considerable uneasiness in her apartment during the night, but supposed she was trying to quiet her only three-year-old child.

After daylight the neighbor woman visited her room, and found her alone, except the child, unconscious and in convulsions. The bed and bedding were wet and much tumbled, indicating that she had been in that condition for some time.

I could get no information of her previous condition at that time, except that she had ridden twelve miles on a heavy, jolting lumber wagon.

The following-described terrible convulsion was occurring regularly every fifteen minutes: The eyelids would separate widely, the congested eyeballs protrude, the pupils greatly dilate, and the eyes stare wildly. The tongue, bitten, bloody, and swollen, would be forcibly protruded and curved upward. The veins of the neck full and tortuous; every muscle of the purple, congested face in constant motion; the head rolled slowly from right to extreme left, with severe clonic spasms of the whole body. Each lasted three minutes, and gradually passed off. This sight was appalling to the gawking bystanders, and drove them from the room, so that for long periods I would have no one near to render assistance.

I promptly dissolved and administered twenty grains of sulphate of zinc, to facilitate emesis, but I afterward discovered that she had previously vomited freely. No undigested substance was found in the ejecta. She threw up a quantity of frothy mucous, only, from the zinc. I next tried to administer two doses, thirty grains each, of bromide of potassium, but she swallowed very little, blowing it out of her mouth at each expiration. Loud calling elicited only an audible grunt, once; otherwise she was apparently in a constantly comatose condition, in which she remained until she died. By digital examination, the os uteri was found sufficiently dilated to admit two fingers, and the dilatation was facilitated as much as possible, hoping by terminating labor the convulsions would cease. Each pain would produce considerable writhing and uneasiness.

Finding the convulsions persistently continue, I tied up her arm, and bled, but ceased with sixteen ounces, not knowing what post-partum hemorrhage I might have.

Inhalation of chloroform was next resorted to, and pushed as far as I thought I dared go. Sinapisms, frictions, and hot applications were used, yet not the least change was apparent.

About eleven o'clock, A. M., I delivered her of a living child. The secundines were promptly expelled by Crede's method, and the uterus contracted well, with but very little loss of blood. I then resorted to my hypodermic syringe, and threw one-half grain of morphia under the skin on the dorsum of the arm. This dose was repeated in thirty minutes, two convulsions having occurred after the first was given. There was no benefit whatever from the morphia. Having procured a syringe, a large enema was given of warm soapsuds and compound extract of colocynth, and the whole length of the spine rubbed with strong aqua ammoniæ. The enema came away alone, and was repeated, with spirits of turpentine added. This seemed to control the convulsions, for she was from half-past four until five o'clock, P. M., without one, then they were at longer intervals, three or four occurring during the night. Stertorous breathing gradually came on, and she expired the following morning, at nine o'clock.

Some of the neighbor women told me that bloody clothing had been seen in her room, but when I asked to see the articles I was told that diligent search had failed to find them. I subsequently learned that she had always been a stout, robust woman, in good health, no previous sickness, and no difficulty with her first labor. Five or six weeks previous to her death, however, she had fallen down three or four steps, and afterward complained of much pain through the back and hips. A painful diarrhœa followed, which caused her to keep her bed for two weeks. Upon convalescing she discharged the hired girl, did her own work, and took the ride spoken of, on the lumber wagon.

At the autopsy, twenty-six hours after death, the only abnormal condition I discovered, and which quickly attracted attention, was a collection or settling of liquid blood between the duplicatures of the peritoneum, at the distal extremity of the fallopian tubes and ovaries.

The child lived three weeks.

I omitted to enter in my notes the rate of pulse and temperature. I can think of one thing more I could have done, which might have been of benefit, viz., to have applied a continuous stream of cold water to the head.

Case 2.—Received a telegram to visit Mrs. C., ten miles distant. Saw her at 7 P. M., and learned that she had been in convulsions since two o'clock. I waited a few minutes, when another occurred. She was three or four months pregnant, pale, anæmic, and not in good health. Could give no cause for the convulsions, except, possibly, from eating the pungent root of a plant just beginning to come up. She was lucid between the convulsions.

I dissolved about half an ounce of bromide of potassium in four ounces of water, and gave four teaspoonfuls as soon as she could swallow. No other convulsion occurred, but the medicine was repeated frequently during the night.

Two or three days afterward she was delivered of a dead fœtus, before I could get there.

Case 3.—Was attending Mrs. S., in her first confinement. The labor was progressing naturally, and not very painful; the lady was cheerful, laughing and joking with her friends and attendants, and there was every prospect of a short, easy labor. The first stage was nearly over. As I sat by the bedside I quickly detected the premonitory symptoms of an approaching convulsion, without a word of warning or complaint from my patient. I bade the attendants be quiet, and stand ready to render quick assistance. As soon as the convulsion had passed off, she was brought to the edge of the bed, the forceps applied, and after a few pains was delivered of a living child. I then injected half a grain of morphia under the skin of the arm, and gave frequently large doses of bromide of potassium. She had three or four convulsions after delivery, but rapidly convalesced, and "had a good getting-up."

ON THE ADMINISTRATION OF SULPHUROUS ACID IN ENTERIC FEVER.

BY DR. J. WESLEY BOTKIN,
Of Morrisonville, Ill.

In the summer of 1870, my attention was called to the above subject by an article in *Braithwaite's Retrospect*, written by Dr. G. Wilkes, of England. I was so favorably impressed with the theory, that I determined to adopt the treatment in the next case which presented itself, and which proved to be that of a gentleman aged 65, a gardener, who had been very ill for several days before I saw him. When first I saw him, he was alarmingly prostrated, both physically and mentally, vomiting and purging, with the abdomen tympanitic and painful to the touch, and distinct gurgling about the ilio-cæcal valve on palpation. The pulse was 125, and alarmingly feeble. The tongue was covered with a dark-brown coat through the centre, the tip and edges being red, and dry as an oven. There was considerable bleeding at the nose, and the eruption was plainly visible. With considerable fear as to the result of the case, I prescribed the acid freely, directing the attendant to sponge the body of the patient often with alcohol and water. After eighteen hours I saw him again. The vomiting had ceased, the purging was controlled, the tympanites was much reduced; the feeble pulse was growing stronger, and the parched tongue was moister, and the thirst less. He was now able to take the nourishment ordered, which consisted principally of milk and brandy, and the whole aspect of the case was decidedly hopeful. He continued to improve, and in one week was discharged.

Since then, many opportunities for using the acid have presented themselves, and the more I have used it the better I like it, and the more firmly I am convinced of its efficacy. Out of thirty cases so treated during the past eighteen

months, only one has died, and she was a fragile girl whose life was gradually wasting away with consumption, but who recovered, then took a relapse, and died.

Case 2.—Robert F., aged 24 years, a farmer, consulted me in regard to the chills, from which he had suffered every other day for about two weeks. Being busy at the time, I merely glanced at his tongue, and thinking him to be very bilious, prescribed a mercurial purge, to be followed by quinine sufficient to arrest the paroxysms. Four days later I was called to see him. Found the mercury previously prescribed had acted freely, throwing off a large amount of vitiated, bilious matter. There had been no return of the chill; but there was continued fever, the pulse ranging from 100 in the day to 130, and even so high as 160 degrees, in the night. His tongue had the old-fashioned typhoid coat, and the abdomen was tympanitic, and painful to the touch. There was an offensive diarrhœa, and he complained of aching in the back and limbs, and of feeling sore all over. I administered the acid, with plenty of milk and alcoholic stimulants, and in eight days he was convalescent. His illness was followed by that of his two brothers, whose symptoms were exactly alike, ran the same course, received the same treatment, and made the same rapid recovery.

Case 3.—Miss W., aged 16 years, had been under the care of an intelligent and skillful physician for nine or ten days, with such symptoms as I have before described, until at last the case was thought to be hopeless, and I was sent for. When I saw her, she was in a state of most alarming prostration. She had vomiting, a tympanitic abdomen, and there had been forty discharges from the bowels in half as many hours. I prescribed the acid, combined with tinctura opii and digitalis. In the next twelve hours her bowels acted once, her vomiting ceased, and she continued to improve, and in ten days she was discharged. This case seems to speak volumes for the acid, for she had previously taken all the drugs usually prescribed in such cases, without the least benefit resulting therefrom; and yet, from the moment in which she swallowed the first dose of acid, she began a recovery in which she never afterward faltered.

What I claim for the acid is simply this: It acts as a specific upon the fever poison, arresting the further development of that poison, and, by controlling the arrest long enough, exterminates the fever. In a word, *it is an antidote.*

I usually prescribe the acid in lemonade, giving from three to fifteen drops every four hours, and continue it until the tongue is perfectly clean. When the discharges are very troublesome, the pulse very high, and the skin dry and hot, I add opium, verat. vir., and nitre, according to the age of the patient.

In some of my cases I left off the acid after a few days, because the patient recovered better. In nearly all such cases they had a relapse, but which was immediately arrested by a return to the use of the acid.

In the Reporter of June 12, 1875, page 466, there are four cases recorded by Dr. R. G. Allen, of Washington, Ill. The doctor's treatment of these cases was about what it would have been, I presume, had he diagnosed typhoid fever. They all died. These four cases were *fac-similes* of many which I have treated with the acid for typhoid fever, and recovery followed in every case.

Possibly I may have failed to convince the profession of the advantages of using this drug, but I will remind them of the fact—a fact which is better than all theories—that of the thirty cases treated by me during the last eighteen months, only one died, a result which probably would not have followed any other mode of treatment.

I shall be glad if my experience shall induce others to give the acid a fair trial, and report the result through the columns of your valuable journal.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Stated meeting, March 22d, 1876. Dr. Charles K. Briddon, President in the chair.

Fibroma of Vagina.

Dr. Heitzman presented a specimen of fibroid tumor removed from the vagina, which he had examined microscopically. Dr. Frank J. Metcalf read the following history of the case:—

A woman, aged fifty-two, when first seen, complained of weakness and pain in the lower part of her abdomen, accompanied by difficulty in passing her urine, which at times became markedly increased. A vaginal examination revealed a small tumor attached to the posterior wall of the vagina. The tumor had been removed by means of the wire ecraseur. In one diameter it measured about three fourths of an inch, and in the other one-half inch. It had

been developed in the submucous layer. The patient had been entirely relieved of her distressing symptoms by the operation.

Dr. Sell referred to a case which had occurred in his own practice, presenting similar characteristics. The tumor in this instance having been situated on the anterior wall of the vagina, it had given rise to the same symptoms as in the case now reported. After the removal of the tumor the symptoms had been completely relieved.

Osteo-chondroma of Tibia.

Dr. Erskine Mason presented the head of a tibia, which was the seat of a tumor. It was an osteo-enchondroma (Virchow). The history was as follows: A man, aged sixty one, had had his tibia injured, this being followed by severe pain, lasting for three days. For six months he was free from pain, but at the end of that period he began to complain of pain near the joint, at intervals; these were thought to be of rheumatic origin. Two months ago a tumor appeared on the anterior portion of the head of the tibia, since which time the pain had continued. The leg was partly flexed upon the thigh at the time at which the operation had been undertaken. Amputation was performed at the knee-joint, and the femur was then sawn off just above the condyles. The patient did well after the operation, with the exception of the occurrence of a sloughing of a portion of the flaps. Dr. Delafield having examined portions of the tumor microscopically, pronounced it an osteo-enchondroma. About two-thirds of the head of the tibia were involved in the tumor, which formed a node anteriorly. No enlargement of the glands was visible in the neighborhood of the joint.

Sarcoma of Thorax—Uterine Polypus—Lipoma.

The President presented a specimen with a history as follows:—A man, aged eighteen, was admitted to the Presbyterian Hospital. A tumor was found, situated between the left axilla and nipple. He stated that six months before an enlargement had appeared to the left of the mammary gland, which had since increased steadily in size. It was the seat of paroxysms of pain. From the beginning the tumor filled the axilla, and was adherent to the chest wall. On March 9th Dr. Briddon made an incision through the skin, and continued it down to the tumor, and tried to enucleate it. This became impossible, as the disease had involved the ribs, and even encroached upon the thoracic cavity. All of the diseased tissue that could be reached was, however, removed, and the wound closed. On the 10th the pain returned, and grew worse on the 11th. He died on the 12th. No autopsy had been obtained; it could be seen, however, that the pleural cavity had not been opened by the operation. The tumor was soft, being of the consistence of cheese; and microscopical examination showed it to be a round-celled sarcoma.

The next specimen presented by the President was a polypus of the uterus; it was removed from a widow, aged forty-two, who, six months ago, had noticed a uterine hemorrhage, which recurred irregularly until treatment had been resorted to. A vaginal examination had revealed the presence of a tumor situated on the posterior wall of the cervix uteri. The tumor was removed. A fatty tumor was also presented by Dr. Briddon, which he had removed from the neck of a patient.

Caries of Spine.

Dr. Gibney presented the spinal cord taken from a patient who had suffered from caries of the spine, which had resulted from a fall. There was no compression of the cord. The curvature had extended from the third dorsal to the second lumbar vertebra. Death had been the result of catarrhal pneumonia.

PROCEEDINGS OF THE OHIO VALLEY MEDICAL ASSOCIATION.

The Ohio Valley Medical Association met, agreeably to previous arrangement, on the 5th inst., in Gallipolis, Ohio. The President, Dr. A. L. Knight, was in the chair.

The following committees responded as being ready to offer reports, namely:—On Hygiene and Sanitary, Dr. T. Curtis Smith. On Obstetrics, Dr. C. R. Reed. On New Remedies, Drs. N. D. Tobey and P. H. Clarke. On Physiology, Dr. R. A. Vance.

The first two of the above-mentioned committees, at their own instance, were postponed till the following day, and Dr. N. D. Tobey produced his highly interesting report on three new remedies, namely: 1. Guarana. 2. Gelseminum. 3. Propylamine.

His report was adopted by the Society and opened out for discussion, which was engaged in by Dr. Wilson, of Ironton, Ohio, who spoke briefly in favor of the views entertained by the essayist in reference to guarana.

Dr. T. C. Smith appreciated guarana, not as guarana, but as being the equivalent of caffeine, to which, he thought, the agent owed its virtue. He administers it for the relief of nervous headache, particularly.

Dr. R. A. Vance thought it had been highly overrated, but was of the opinion that it had now reached its level as a cerebral and cardiac stimulant, certainly increasing the intra-cranial circulation.

Dr. Reed thought our materia medica was already too voluminous, and could not see the necessity for adding guarana to the list, when all the phenomena it induces can be brought about by the use of caffeine. He thought, also, the American people took too much caffeine in the shape of coffee, regarding nine-tenths of the headache in existence among them as due to this habit.

Dr. Smith found guarana to act most promptly in those cases where the tea or coffee habit did not exist, or existed in a very moderate degree.

Dr. Vance regarded no problem more difficult to determine than the state of the intra-cranial circulation from external evidences alone. He thought it bad practice to judge of the effect of a remedy from the chemical constitution thereof.

Dr. Smith said, as a rule, he thought we could tell very nearly whether there existed in the brain a condition of plethora or anæmia, though, at times, he admitted the force of Dr. Vance's statement.

Dr. Vance thought it of the greatest importance to know, as we could know, in ninety-nine cases in one hundred, the condition of the intra-cranial circulation by the use of the ophthalmoscope.

Dr. Smith offered his report on Sanitary matters, which the Society received.

The Committee on New Remedies was then called to extend its report, when Dr. Clarke responded with a paper on salicylic acid. It was received, and laid before the body for discussion.

Dr. T. C. Smith had treated eight cases of otorrhœa with this agent with wonderful success; one case had existed for more than thirty-three years; had given it in catarrhus frontalis with apparently good results.

Dr. Tobey thought the general use of salicylic acid impracticable, on account of not being able to dissolve it.

Dr. Wall represented the Committee on Surgery, with a highly interesting report on morbus coxarius, or hip-joint disease.

Dr. R. A. Vance, of Gallipolis, was put in nomination for the office of President, and was elected in due form.

For the office of Vice-President, Dr. Wall was elected.

Dr. Reed was then nominated for the office of Treasurer, and elected.

Dr. Clark was elected Secretary.

Censors; Drs. A. L. Knight, D. C. Wilson, Nash, Jacobs, and Atkinson.

Dr. Vance then offered a paper in which he presented the physiology of the circulation in a highly useful manner.

Dr. C. R. Reed, representing the Committee on Obstetrics, offered a paper on the progress of obstetrics and gynecology, which was received and laid before the Society for discussion.

A member inquired for information upon the intra-uterine injections of the perchloride of iron. Dr. Wall replied, after whom the discussion of the paper was extended by Dr. Tobey and the essayist.

Dr. Ewing, on behalf of the Committee on Indigenous Plants of the Valley of the Ohio, reported upon "rattle root."

The Society adjourned to meet again in November, 1876.

Editorial Department.

Periscope.

Conception Forty Hours After Abortion.

Dr. J. R. Sparkman gives the following extraordinary case, in the Charleston *Medical Journal*. The patient had suffered from an abortion:—

My visit was about four hours after the accident, and there being no urgent or positive symptoms for interference, I simply prescribed quietness and rest. The husband requested me to return the next day and see her, as he had an appointment to leave home indefinitely, and did not wish to do so if her condition should forbid. On the next afternoon, about twenty-seven hours after the abortion, I found Mrs. L. on a lounge, having suffered no pains or inconvenience since my previous visit. Her reply to my inquiry as to her health, was: "I am quite well." I asked if there had been too much or too little *show*. She answered: "I have been perfectly *dry* since this morning, and never felt better in my life. I have eaten a good dinner." I left, with instructions to be careful, and to notify me if anything should go wrong. Her husband left at six o'clock the next morning, and was absent twenty-two days. About a week after his return home, one of their children required my services during the night, and I was detained all night. The next morning Mrs. L. was suffering too much to appear at breakfast. She sought my advice, and frankly told me that she had suffered terribly from sickness and nausea for about *three weeks*, and that she feared pregnancy, as her breasts were quick, and evidently swollen or fuller. I stated that her husband had been at home only one week; that he had left her but two days after her miscarriage; that the nausea had commenced *during his absence*, and that, if it resulted from pregnancy, there might have been a double conception, when only one fœtus was expelled, as twins were not always born together. She looked confused, and asked me "how long after a miscarriage before a woman could again get in a family-way?" Avoiding a direct answer, I inquired if she had been unwell at any time since her accident. She replied no, and then confessed that the last night her husband was with her, before his visit to Charleston, *feeling quite well*, she had submitted twice to his advances. This statement induced me to make a note of all the facts, and I watched the

result anxiously. Subsequently the husband confirmed her story, and excused himself with an honest declaration, as I believe, that in view of his proposed absence she had invited or provoked his desires, by affectionate caresses, more amorous than usual.

The case progressed naturally, and she was confined two hundred and seventy-eight days from the date of my visit in October, after her abortion. And from due consideration of all the facts, I have no doubt that conception took place from the acknowledged coition within forty hours after said miscarriage. The infant was fully developed, and weighed ten pounds twelve hours after birth.

Amaurosis Through Suppression of Menstruation.

(Translated for the MEDICAL AND SURGICAL REPORTER, from "*La Crônica Oftalmológica*," of Madrid, by Dr. I. A. Watson.)

A young woman, twenty-one years of age, laborer, during menstruation, immersed her feet in a small stream, and the sanguinal flow ceased immediately; this occurred on the 30th of July, and soon afterward she experienced a peculiar sensation of pressure in both orbits. On the morning of the 5th of August she had double amaurosis complete. Absolutely nothing was revealed by the ophthalmoscope at the time. The patient complained of intraocular pain, which was notably increased by compressing the globe of the eye. Bathed the feet in mustard water; sinapisms to the hips, argol administered in refractory doses, blood-letting from the temple. On the morning of the 9th, in consequence of an abundant diaphoresis which occurred upon the right half of the face, and an abundance of lachrymal fluid from the right eye, there was a diminution of pain in that eye, and a partial return of luminous impression upon the central field of vision. Having continued the diaphoresis until the 11th, considerable improvement was made in the vision of the left eye, from which, also, came the lachrymal fluid. The following month, notwithstanding the use of emmenagogues, menstruation did not appear, but returned seven weeks from the date of suppression, and with it disappeared all visual troubles.

The Treatment of Sthenic Pneumonia.

Dr. C. L. Myers has the following suggestions on this topic in the Cincinnati *Lancet and Observer*:—

Carbonate of ammonia is one of the best remedies. Milk is the best menstruum in which to give it. Milk is also good as food.

Muriate of ammonia is useful in the stage of resolution, as it is thought to hasten it, as well as to act favorably upon the secretory organs. In the low adynamic form of pneumonia, where the pulse is as frequent as 130, or even 150 per minute; where the respirations are forty or more, and labored; where there is great restlessness and sleeplessness, and where the skin is inclined to a dusky hue, alcoholic stimulants are indispensable. The quantity to be given depends upon the urgency of the symptoms. I know of no disease wherein the use of whisky or wine produces so much good in a short length of time as in the one under consideration. Some persons can drink a pint or more in twenty-four hours, and improve with its use. Children can take amazing quantities. A tablespoonful or more may be taken every hour in bad cases. It is best, as a general thing, to give it in milk. Carbonate of ammonia may be added, and this use of stimulants kept up for several successive hours. I have often seen patients tormented with dyspnœa almost to distraction, the pulse 150 per minute, where sleep, though so much coveted and desired, could not be obtained, and where death seemed to be inevitable, rapidly change to more ease, so soon as a large drink of whisky has been taken. The respirations would be lessened in number, the dyspnœa would not be so unbearable, and soft, sweet sleep would soon be announced by the well-known murmur of slumber. All physicians who have used stimulants in bad cases know this, for they have seen for themselves. But stimulants certainly must not be given indiscriminately. The effect must be watched, for now and then one will not be able to bear near so much as the general number, and even in some it may do positive harm. Alcoholic stimulants, to my mind, are not so efficient if nausea and eructations annoy to any great extent after being swallowed. I think it will be found that in those cases where whisky or brandy acts so like a charm it does not sicken, or, in common phrase, "turn the stomach." If whisky is so disagreeable in large doses, they will have to be diminished, or perhaps it would be better to substitute wine. It seems to be the custom to give large doses of sulphate of quinia with the stimulants. Quinine may aid very much in giving tone to the nerves, but it is very probable that where it proves so useful malaria is the producing trouble, for, as I have said, these low forms of pneumonia are often caused by malarial element.

On Disease Germs.

A writer in the *Doctor* concludes a review of Prof. Tyndall's researches with these words:—

Thus far we have only dealt with Professor Tyndall's paper as it refers to spontaneous generation. On the absurdity of this dogma we are at one with him, but we do not therefore necessarily accept his views as to disease germs.

It is easy to suppose that if bacteria cling only to the motes in the air, so also may organic particles capable of originating disease; germs, in fact, of various kinds. But this is only a supposition. Some of the experiments at first seem to support this idea. Thus Professor Tyndall exposed to the air a large number of tubes charged with the same infusion, and found that they were attacked in a varying

order, some earlier than others, some more completely. In this respect they resembled, he says, a population smitten by a plague. This may be, in some respects, but the likeness does not imply identity. One very important difference we beg to submit. Eventually all the tubes were occupied with bacteria, but in no instance has a plague swept away the entire population. It is likely enough, as Professor Tyndall supposes, that bacterial germs "float through the atmosphere in groups or clouds, with spaces more sparsely filled between them." We may also suppose that sometimes there are spaces between them quite unoccupied. As a supposition, the contagium of a disease may in like manner cling to atmospheric motes also in clouds; but all contagious diseases would in this case require their distinct germs, and we cannot suppose that all these are always floating about. If they are, how comes it that any of us escape destruction? No, pretty as the doctrine of these germs may be, it is, as generally understood at present, only a conjecture, and there are many serious objections to be overcome before it can be generally accepted.

A Disinfecting Oven.

Professor E. Andrews, M. D., Hospital Surgeon of Mercy Hospital, Chicago, writes to the Chicago *Medical Journal*:—

In Mercy Hospital my custom was to place surgical patients on straw mattresses. When a bed was vacated by the recovery or death of the patient, the straw was taken out and burned, and the tick sent to the laundry to be washed. It was then filled with new straw, and laid away ready for use. The pillows were ripped open and the feathers renovated by boiling-hot steam, and the pillow ticks washed. By these, and other precautions, disinfection was well accomplished, and pyæmia was almost unknown in the institution. However, the steaming of feathers, the emptying, washing and filling of ticks, and the burning of straw, are troublesome to the attendants, and apt to be neglected, unless constant watchfulness is kept up by the surgeon. To render the disinfection more easy, I have since adopted the plan pursued with so much success in St. Bartholomew's Hospital, London, viz., the baking of every bed and pillow which has been used by a surgical patient. Dry heat destroys fomites just as effectually as boiling water, and is far more convenient. To accomplish this, the hospital has constructed a simple steam oven, on the following plan:—

A platform or stratum of parallel steam pipes is made, a little larger than the dimensions of a mattress, constituting the foundation. Eighteen inches above this another stratum of pipes is laid, parallel to the first. On the top of the under stratum a floor is laid of galvanized iron, and the whole apparatus enclosed so as to confine the hot air, and convert the space between the strata of steam pipes into a sort of oven. The enclosure has a door the whole length of one side, which lets down for the insertion of the articles to be disinfected, and the pipes are connected with the steam boilers which heat the building. When in use, the door is opened, the mattress and pillows are shoved in, the door closed, and the steam, which has a temperature of about 250° Fahrenheit, is let into the pipes. This makes a strong baking heat, and effectually disinfects the beds.

On Treatment of Convulsions in Infants.

Mons. Blanchez, in a lecture on diseases of children, in the *Medical Times and Gazette*, lays down the following rule for the treatment of convulsions. If it be a single attack, and gives no signs of a tendency to recur, it is best to confine ourselves to some hygienic precautions, such as securing efficient ventilation, etc. If the attacks run into each other, or recur at short intervals, revulsives should be applied to the lower extremities, compresses of cold water, or of water with ether, being also laid on the temples. Compression may at the same time be made on the carotid arteries, as recommended by Trousseau. The pulsation of these vessels must be sought for at the lateral parts of the neck, and then they must be gradually compressed backward toward the spinal column. The amelioration should be rapid; and if after two or three minutes it has not manifested itself in an evident manner, the compression should not be longer continued. Inhalations of chloroform may then be resorted to, administering them in a very gentle and gradual manner. In order to avoid all danger, slight as this is, it is necessary that a certain quantity of air should be always mixed with the chloroform vapors. In some cases special indications present themselves, as for the employment of an emetic when it is well made out that the convulsions are due to indigestion. When the attack has been overcome, we must try to modify the general eclampsic condition by having recourse to anti-spasmodic treatment; but the management of agents of this description requires great prudence, several of them being of a dangerous character. Their dose is of great importance. For an infant, from eight to fifteen months old, we should never exceed the dose of thirty centigrammes, after having commenced with five centigrammes. The maximum dose of belladonna powder is ten centigrammes, after commencing with one, increasing it very gradually, and carefully watching the throat and pupils of the child. We may proceed more boldly with oxide of zinc or James' powder (which M. Blanchez has not found of any special utility), of which ten centigrammes may be given every two hours; but bromide of potassium and chloral are to be preferred to any of these remedies. Of the bromide from ten to twenty centigrammes may be given every two hours, until fifty or sixty centigrammes are reached in an infant, and from two to three grammes in a child of seven. The effect should be manifest at the end of twenty-

four hours, or the dose should be increased. A mixed treatment of the bromide and chloral gives little better results, the bromide being given during the day and the chloral at night. The maximum of the latter agent is twenty-five centigrammes for an infant, and fifty for older children.

On Topical Bloodletting.

On this subject, Dr. Mapother writes, in the Dublin *Medical Journal*:—

If Luschka's statement, that the umbilical vein, or ligamentum teres, of the adult is constantly pervious from the left branch of the portal to the deep epigastric, be correct, then leeching round the navel may be direct and effectual in inflammations of the liver and all other organs discharging blood by the portal vein. This anatomical point, however, requires confirmation.

For acute dysentery of the tropics, and other inflammatory affections of the abdominal organs, a hundred or two of leeches have been used without avail, according to writers of the last generation, while half as much blood drawn quickly from the arm produced a profound impression on the system.

There is no organ which has so special a blood-supply as the kidney. Insulated in a mass of fat, it joins no other part by vessels, except on the left side the testis, by the spermatic.

Renal congestion can, therefore, be scarcely influenced by leeching, or cupping the loins, and the good supposed to follow them must be attributed to the warmth, rest, and low diet, which usually are enforced; the first determining to the skin, to the relief of the renal arteries, the others checking the formation of nitrogenized compounds. The labor of the organ is lessened by all these means.

The testicle returns its blood by the spermatic veins, and as these vessels pass through the groins and join the superficial veins of the region, leeching there is best calculated to relieve the organ. The veins of the scrotum return to the superficial pubic and epigastric, and puncturing them I have found valueless in cases of orchitis, while the risks of erysipelas or ecchymosis forbid leeches.

The anus has been often selected for leeching in hepatic congestions; but as it is only the superior hemorrhoidal veins which return to the portal vein, any external bleeding can only be indirect. The middle and inferior hemorrhoidal veins go to the internal iliac. In the male nothing can be more intimate than the anastomosis between the veins of the bladder and prostate and rectum, and hemorrhage from one of these regions is often vicarious with that of the other.

To draw blood in acute cystitis or prostatitis the surface of the rectum is the fit site, and as leeches will scarcely fix there, it is better to puncture one or two veins with a narrow, long bistoury, the gut being held open by a speculum.

Concerning obstetric subjects, I always speak with diffidence. While it must be acknowledged that we have learned much from the practice of letting blood by direct incision of the womb, for congestive or inflammatory affections, it appears necessary that, in the case of virgins, we should seek some other source of depletion; the need, on account of moral reasons, is obvious; and, anatomically, the uterine plexus is slightly developed in the unimpregnated, and depletion from the labia or rectum will drain more fully. Around the rectum there is a free junction between the superior hemorrhoidal and uterine veins.

The veins in the limbs, deep and superficial, join at most numerous points, in order that the circulation shall not be interrupted during muscular action. Leeching the skin over an inflamed joint or periosteum is, therefore, the same as opening the vessels coming from the invaded part, and hence the undoubted efficacy of the measure in such cases. By the way, it is remarkable that we so rarely find the muscles the seat of inflammatory action. The rapid flow of blood, urged on by the muscles themselves, which are like hearts to the veins, may account for the immunity; whereas the fibrous tissues, so sparingly supplied, are often inflamed in the subacute way, and topical bloodletting is most efficacious. When treating aneurisms by complete pressure, leeching over the sac should give aid, by lessening the tension of the arrested blood, relieving it of serum, and increasing the fibrin. In cutaneous inflammations, erysipelas, acne, etc., the flow of blood and its effused fluids, by incisions, is too obviously efficacious to need comment.

Venesection at the bend of the elbow is almost a thing of the past, and to the question of general bloodletting I do not allude, but in severe whitlows and synovitis of the wrist joint it gives striking relief as a topical measure.

The same may be true of opening the internal saphena vein in acute inflammation of any part of the lower extremity.

As to the modes of topical bleeding, leeching is very generally applicable, and the German practice of puncturing the left side of the animal, so as to open the last of the gastric pouches—bdellatomy, as it is termed—is worthy of imitation, as blood flows far more rapidly, and the quantity is trebled from each bite. Cupping over the bites, when the leeches have dropped off, draws blood quicker than stuping, and the bleeding will more readily stop, for the blood coagulates, its gases being exhausted.

Still, without dread, we cannot order the introduction of leeches into the nasal, pharyngeal, rectal, or vaginal cavities; and puncturing the veinlets, and aiding the flow by irrigation with warm water, may be well substituted. Incisions draw blood more quickly, and the bleeding is more easily stopped. I have often bled from the nasal septum by touching the mucous membrane at three or four points with a sharp, long bistoury, the ala nasi being fully everted.

Let me now recapitulate some of the organs and the superficial spots whence they may be drained:—The eye, at the mastoid process and angle of jaw; the cerebral hemispheres, at the nasal septum and posterior inferior angle of the parietal; the base of brain and ear, at the mastoid; the right heart, over the thyroid body; the pericardium and front of pleuræ, outside the caps of sternum; the lungs, along the bases of scapulæ; and the digestive organs, from the rectum. From the veins of this gut, also, those of the bladder and prostate, uterus and ovaries, can be depleted.

Immediate Cure for Cold in the Head.

Dr. D. Ferrier, in the *Lancet*, suggests a bismuth snuff for coryza. He says:—

I do not know whether the plan is absolutely original, but I am not aware of its having been adopted previously. This, however, is of no importance compared with the question of its efficacy.

On the evening in question I began to suffer with the symptoms of cold in the head: irritation of the nostrils, sneezing, watering of the eyes, and commencing flow of the mucous secretion. Having some trisnitrate of bismuth at hand, I took repeated pinches of it in the form of snuff, inhaling it strongly, so as to carry it well into the interior of the nostrils. In a short time the tickling in the nostrils and sneezing ceased, and the next morning all traces of coryza had completely disappeared.

Bismuth alone, therefore, proved quite successful, but it is better in combination with the ingredients in the following formula. Bismuth by itself is rather heavy, and not easily inhaled, and it is, moreover, necessary that it should form a coating on the mucous membrane. It is, therefore, advisable to combine it with pulv. acaciæ, which renders the bulk larger, and the powder more easily inhaled, while the secretion of the nostrils causes the formation of an adherent mucilaginous coating, of itself a great sedative of an irritated surface. The sedative effect is greatly strengthened by the addition of a small quantity of hydrochlorate of morphia, which speedily allays the feeling of irritation, and aids in putting a stop to the reflex secretion of tears.

The formula which I find on the whole the most suitable combination of the ingredients of the snuff is as follows:—Hydrochlorate of morphia, two grains; acacia powder, two drachms; trisnitrate of bismuth, six drachms. As this is neither an errhine nor a sternutatory, but rather the opposite, it may be termed an anti-errhine or anti-sternutatory powder. Of this powder one-quarter to one-half may be taken as snuff in the course of twenty-four hours. The inhalations ought to be commenced as soon as the symptoms of coryza begin to show themselves, and should be used frequently at first, so as to keep the interior of the nostrils constantly well coated. Each time the nostrils are cleared, another pinch should be taken. It may be taken in the ordinary manner from between the thumb and forefinger, but a much more efficacious and less wasteful method is to use a small gutter of paper, or a "snuff spoon," placing it just within the nostril and sniffing it up forcibly, so as to carry it well within. Some of the snuff usually finds its way into the pharynx, and acts as a good topical application there, should there be also pharyngeal catarrh. The powder causes scarcely any perceptible sensation. A slight smarting may occur if the mucous membrane is much irritated and inflamed, but it rapidly disappears. After a few sniffs of the powder, a perceptible amelioration of the symptoms ensues, and in course of a few hours, the powder being inhaled from time to time, all the symptoms may have entirely disappeared.

The Application of Salicylic Acid.

Professor E. H. Bennett, of Dublin, says, in the *Medical Press and Circular*:—

I have found that the salicylic acid dressings do not exert so marked an influence in controlling suppuration as carbolic acid, which I think is to a great measure due to the fact that it is non-volatile, and so does not penetrate the depth of wounds. It wants, too, the advantages that arise from the stimulating action of the carbolic acid, and so I think wounds progress rather more slowly under its action.

The spray of salicylic acid, though entirely odorless, is quite unfit for general use, as no one can resist a constant tendency to sneeze while exposed to it.

I have obtained a great number of completely successful results with salicylic acid alone, and do not hesitate to use it by itself in many cases—for instance, in the treatment of burns.

I have, however, been led up gradually to a plan of dressing which combines both acids. I had used carbolic with constant success, and was not inclined to change it for any other without good reason; so it happened that while I made some trials with salicylic acid in minor cases, I used the carbolic alone in the more important—a plan that naturally led me to combine them as soon as I found out their particular merits.

The salicylic dressing I have found most convenient is that recommended by Theirsch, made by saturating jute with the acid, 3 per cent. by weight, adding a little glycerine, 4ʒ-℔., which prevents the drying of the jute. I should mention that I think great advantage attaches to the moist condition of the dressing; it is ready to absorb moisture, and if air be drawn through it, as in wounds affected by respiration, the moist threads serve, I am confident, as better filters than dry ones would. The advantage of addition of glycerine, according to Theirsch, is that it prevents the dry acid flying off in dust from the jute. I have used the cotton-dressing, too, but I keep it only for cases of burn or such surfaces, and I take care to avoid the tendency it has to form scabs on

the surface, which alone is the cause of irritation, as I have seen it occur in the use of the acid.

Nothing can be easier made or more readily applied than the jute dressing. I apply it beneath a few folds, generally three, of gauze, containing sheet gutta-percha, directly on the wound, except in cases where the support of a bandage is required directly on the flaps, etc. This mode of application made under the carbolic spray combines both acids, and the application of the jute next the wound prevents the irritation often felt from the gauze rubbing the skin.

The Pruritus of Pregnancy.

This troublesome complaint, which has recently been the subject of a "query" by one of our readers, is spoken of as follows by Prof. J. R. Black, M. D., in the Cincinnati *Lancet and Observer*:—

I think I am able to suggest a remedy for these cases, and which will reach the requirements of the practitioner better than any other hitherto employed. The manner of my coming upon it is the following: Some years ago a young man was, as he expressed himself, almost crazy with the intolerable itching attendant on an outbreak of urticaria. I had prescribed various remedies for the relief of the stinging formication; everything, in fact, that I had previously employed, or which my recollection of remedies by standard authors had recommended, and they had all proven insufficient. Thrown upon my original resources for something that would give him at least a little rest, I bethought me of the chloral hydrate, which, on theoretical grounds, and from its properties of producing local anæsthesia, ought to give my patient the relief he so urgently sought. Accordingly, I directed the following to be applied to the itching surface with a sponge:—

R.	Chloral hydrate,	ʒiij
	Aqua,	ʒiv.

A single application gave prompt relief, and he was able to sleep after a forced abstinence of two nights. The tendency to a slight recurrence was immediately subdued by the further application of the solution to the parts affected; the final result was all that the therapeutist could desire. I determined to bear in mind the singular efficiency of the chloral in this case, and to give it a further trial at the first opportunity. I had only a few weeks to wait; the wife of a merchant, Mrs. F., pregnant three months, had endured for a week or two the most tormenting itching of the vulva. From instinctive modesty she had been deterred from mentioning the matter to a physician, relying for hope of relief on her own judgment and the suggestions of her female friends; but all without avail. Unable longer to endure it, she applied to me April 28th. I prescribed the chloral hydrate, three drachms to four fluid ounces of water; to be applied to the parts affected once every hour till better. The application produced severe smarting, which, however, soon subsided; while the relief to the pruritus was prompt, decided, and almost permanent. Whenever the symptoms were again felt in the least the same solution was applied, and after a few days the cure was complete.

My second case was a lady above Granville, Mrs. F., also pregnant. By her note to me it appeared that she also had endured the pruritus until she was, as she expressed it, almost beside herself. The same prescription and directions were given to her husband, and in a few weeks I had the satisfaction of hearing that the result was equally as prompt, decided and permanent.

The third case of pruritus pudendi during pregnancy in which I have had an opportunity to try this remedy was in the person of Mrs. C., the wife of a clerk. The husband mistaking my directions, only had it applied once; and while it gave decided relief, did not wholly abate the symptom. A few more applications soon removed every vestige of the disorder.

Criticisms on Evolution.

A reviewer in the *Doctor* gives the reasons for the negative, as follows, in a review of a work by Mr. Jones:—

We should hesitate to assert that a modified form of the doctrine is absolutely incompatible with a belief in the SUPREME FIRST CAUSE. Nevertheless, we are so convinced of the insufficiency of the doctrine, that, with our author, we can only see unity of design in the transitional resemblances observable in the structure and form of animals, from the lowest up to man. Apes are, unmistakably, brutes, and their mental powers are not superior to animals lower in the zoological scale. Mind then remains "the standard of the man," for no amount of differentiation would suffice to produce something out of nothing. Improve the ape as much as possible, in regard to his mental activity, he yet remains an ape, makes no approach to the mind of man. As Mr. Jones puts it: "The more an ape's mental activity is increased, the more intensely apish, indeed, it must prove." Evolutionists are apt to forget, and Mr. Darwin among them, that cells of one kind cannot give origin to another kind. The cells of the optic nerve cannot be developed into the auditory nerve. It is, therefore, a sheer assumption to assert that the function of the human brain-cells can be performed by any other kind of cells; but evolution literature is full of such assumptions. At every turn we are asked to grant premises for which there is no basis, except the necessity of the evolutionist's argument, which led so acute a reasoner as Lamarck, three-quarters of a century ago, to represent the ape-progenitors of man as planning and executing the necessary steps for developing themselves into men. In this way, an anthropoid ape is endowed with the power of creation. We are to believe him capable of making himself a man, although the idea of a Creator doing so is too

great a strain on the evolutionist's imagination. We are asked to believe that an animal may drop an organ which would be useless or inconvenient in a sphere to which he aspires, and may, at the same time, acquire new organs by the simple process of longing for them, and may thus attain a higher grade; but the men who ask us to accept these assumptions, at least many of them, pretend to be quite incapable of conceiving of the existence of a Creator. Yet, why should they not themselves aspire to a still higher sphere? Why not long to become creators? Is it not more reasonable to admit the existence of ONE CAUSE of all things than to endow every species of animal with a limited creative power?

Pathology of Whooping Cough.

Dr. Guéneau de Mussy, in an article in *l'Union Médicale*, states his belief that every whooping cough is accompanied by bronchial adenopathy, characterized by particular signs, which present nothing special as regards the species of enlargement. It is this lesion which is the determining cause of the spasmodic phenomena, in provoking the excitation of the pneumogastric nerves, and compressing the bronchi. To this anatomical condition the author refers chronic whooping cough and all bronchitic affections charactized by fits of painful, fatiguing and obstinate cough, but without respiratory whistling, affections which he designates under the name of "coqueluchoïdes"= pertussoid. Bronchial adenopathy develops from the first period of the disease; but it is especially in the second that it becomes well marked and readily appreciable by the physical means of chest exploration. Dr. de Mussy also attributes to the ganglionic tumefaction the moanings emitted by the patients during sleep, a phenomenon to which he was the first to draw attention, and which he has observed in the absence of whooping cough when the same anatomical conditions have been present.

Therapeutical Action of the Salts of Silver.

In an article in *Lo Sperimentale*, in reference to the therapeutical application of the silver salts, Dr. Curci concludes from his researches that if they are employed in medicine they should be given only in certain nervous affections. In myelitis they are of no use, because they have no power to prevent softening and other destructive processes in the nervous elements; in locomotor ataxy they are contraindicated, because the morbid effect produced by them may be called a species of locomotor ataxy; in paralysis agitans their employment is of doubtful efficacy. In epilepsy, however, they may be of great service, and in certain cases they should not be omitted. This disease, generally speaking, depends upon an augmentation of sensibility in the medulla oblongta, and as the silver salts act as sedatives on the nervous centres, they may be expected to act beneficially, and the good results reported by several authors may be thus explained. But it is necessary to consider that benefit can result only when the disease depends on nervous excitability, and that the silver treatment is useless when there is any anatomical lesion. Dr. Curci suggests that silver might be advantageously employed in asthma of a purely nervous kind, but the same remark applies in this disease as in epilepsy, namely, that the malady must be purely nervous, and without any cardiac or other anatomical lesion. It is well known that an asthmatic attack usually originates in a peripheric cause, and thence ensues an excitement by means of the vagus, trigeminal, or some other nerve, or the medulla oblongata, and from the centre which regulates the respiratory movements a centrifugal excitement is reflected to the group of inspiratory muscles. Asthma, therefore, in its pure uncomplicated form, may probably be benefited by the use of the silver salts.

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

A Treatise on the Diseases of the Nervous System. By William A. Hammond, M. D., etc., with one hundred and nine illustrations. Sixth edition, rewritten, enlarged and improved. New York, D. Appleton & Co., 1876. 8vo, pp. 883.

As the distinguished author remarks, "No better evidence could be offered for the demand for a treatise on the diseases of the nervous system than the fact that five large editions have been published in four years, and that the book has for over a year been out of print."

To meet the demand which is thus indicated, the author has gone over the text very carefully, adding to every chapter, and revising what was already written, until the contents actually double those of previous editions.

One of these additions is a chapter on exophthalmic goitre; another is a section on toxic diseases of the nervous system, in which are included plumbism, alcoholism, bromism, hydrargyism and arsenicism. Under the second of these delirium tremens comes up for consideration. Dr. Hammond recommends in its treatment the total withholding of stimulants, and the administration of bromide of zinc, two grains three or four times a day. In the management of epilepsy he continues to prefer the bromides, especially the bromide of sodium. The dose he gives is a gramme thrice daily,

increased by one-half at the expiration of two months. Failures, he thinks, arise often from stopping it too soon. He never discontinues it under two years, and often keeps it up much longer.

Many more paragraphs present themselves for comment, but we must refer our readers to the book itself. It will be found not only to be most rich in information, but a handsome volume, reflecting credit on both author and publishers.

The Crew of the Dolphin. By Hesba Stretton. 12mo, pp. 232.

Free, yet Forging their Own Chains. By C. M. Cornwall. 8vo, pp. 378. Dodd & Mead, 751 Broadway, New York.

These agreeable stories will serve opportunely to while away the leisure hours of one's summer vacation. The first is a tale of the sea, the second, of the mining troubles of the Pennsylvania coal regions. They are both well told, and convey useful lessons. We cannot speak in too high praise of the taste of the publishers in issuing their books. They are always characterized by original and pretty bindings, choice paper, and excellent presswork.

NOTES ON CURRENT MEDICAL LITERATURE.

——Lake Mohonk Mountain House, Circular for 1876. It is hardly within the province of a medical journal to persuade its patrons as to their summer-retreats. Our profession, however, with the others, needs the recuperation of a few weeks' stroll among the dales and mountains, and we insist on a number visiting this summit of Sky-Top, in Ulster county, New York, the coming season; that is, after they have feasted at our Centennial tables. New Paltz, which is five miles from the lake, is only a four hours' ride from New York, and the trip up the mountain is exhilarating to sense and sight. The hotel accommodations are excellent, the lake beautiful in its setting, ozone plenty and cheap, the board first-class, and moderate in price.

——"Urinary Calculus." By Dr. W. F. Westmoreland, Ga. This paper is a synopsis of thirty-seven cases of calculi which required surgical interference. Lateral lithotomy was employed in thirty-three, one was removed by the supra-pubic cut, one from the urethra by external, one by internal urethrotomy, one from the urethra by the divulsor. This surgeon, whose experience with stone has been varied, favors the lateral method, but only because he is the more adept on the side. The cases are detailed in a modest expression, with no needless defence of the operations, nor brilliant announcements of marvelous diagnoses. The author's design, to tell what he has done, is never violated by any ramble into the pathology or history of calculi. It is pleasant to be served to such a treat. Dr. Westmoreland demonstrates an operative skill of a high order.

——Report of Health Officer of the City of Oakland, Cal., 1876. This is the fifth collection of health statistics, and exhibits a low rate of mortality for this Western city.

——Proceedings of Second Annual Meeting of Medical Society of Oregon, 1875. Two reports, one on "Perforating Pistol Wound of Thorax," and the other on "Enteric Fever," are the only communications tendered. This organization is in its infancy, and does not pretend to compete with its sisters in startling researches in the science. We note a concord and an enthusiasm among the members that augur success.

——Twentieth Annual Report upon the Births, Marriages and Deaths in Providence, R. I., for 1874. Scarlatina seems to have been alarmingly energetic for this year, with a marked increase of deaths from diseases of the heart, a feature of significance in these days, when business depression and anxiety in speculation appear to avenge themselves on the heart.

——Annual Report of the Board of Health of Elmira, 1875. Some legislative action on compulsory vaccination may help to postpone a fear of the small-pox pranks that entertained our friends in Elmira for '75. This city, with some others, has a few odoriferous cesspools which she ought to spare without any coaxing.

——Proceedings of Medical Society of County of Kings, New York. This is the first number of a journal that designs to publish, in pamphlet form, the effusions of the doctors of Kings county. It is to be hoped this issue will survive its third resurrection until the year is out. It is uncomfortable to bury a journal so many times and keep exhuming it. Brace up, brethren. A few remarks by Dr. Hesse, on "Convulsions of Infancy," constitute the only original contribution in the number.

THE

Medical & Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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MANAGEMENT OF MENTAL ALIENATION.

The ancient Welsh laws prescribed that there were three classes of persons whom an honest citizen should kill on sight, if he could. These were an outlaw, a foreigner, and a *madman*. Since that good old time the views of the natives of Great Britain and their descendants have slowly but steadily improved. The Italian Casanova, who visited London something over a century ago, describes as one of the amusing sights of the town, much patronized by the ladies, the great insane hospital called Bedlam, whose raving or moping inhabitants offered a rich fund of entertainment to the fashionables of the day.

Which of the two generations, the ancient Welsh or the contemporaries of Dr. Johnson, were the most barbarous, might be hard to decide. At present, we are daily finding much less either to fear or to laugh at in crazy people. Straight-jackets and *chaises de force* are going more and more out of use. The day of huge asylums, with elaborate arrangements, and under a complicated system of control, is upon us.

This, however, does not seem to be the ideal condition, at least not for the chronic insane, who make up the largest class of the mentally sick. For these, the system of colonization must ultimately come into use. True it is, as remarked by a recent writer on the subject, before this can be done, public opinion needs a great deal of education. Many old prejudices must be done away with; a state of things must be brought about in which an insane person should not be, in a special sense, merely an object for idle curiosity and remark, but treated as one possessed of any other infirmity, such as blindness or deafness, would be, with pity and consideration; and, above all, with a manner showing no fear or aversion; treating them, in fact, as much as possible, on an equal footing, as far as their faculties go.

Nowhere is this better accomplished than at the curious town of Gheel, in Belgium, to which we have heretofore called attention in this journal. A late visit there by Dr. P. M. Deas, described in the *Journal of Mental Science*, offers some further interesting particulars:—

Nearly 1000 years ago, tradition says, an Irish princess, called Dymphne, was converted to Christianity, and, to escape her father's anger, fled to Gheel, whither, however, he pursued her, and where he beheaded her with his own hand. In time she was canonized as Saint Dymphne, and in some way her shrine acquired a reputation for curing the insane, who were consequently brought on a pilgrimage from all parts. Some, it may be, were cured by the priests' prayers, the intervention of the saint, or change of air; but many, it may be believed, remained unaltered.

Such cases were left behind, boarded at first in a small building near the church, afterward in neighboring cottages. Those who had charge of them would thus look on it as a religious duty to be kind and attentive to those who were under the special protection of their patron saint; and when we add to this the intimate knowledge of the peculiarities of the insane, which, in the course of years, would thus be

acquired and handed down, we can understand the way in which the great essentials of the system grew up, viz., kindness and sympathy, with confidence and want of fear.

Begun in this accidental way, the colony, in course of centuries, became greatly expanded, and acquired a wide reputation. Of late years it has been taken in hand by Government, and placed under the control of a Commission or Board of Governors.

Gheel itself, which forms the centre of the colony, is a small country town, of about 2000 inhabitants, situated in a district called the Campine, in the province of Antwerp, from which town it is reached by train to Herrenthals, thence by a primitive, old-fashioned diligence, for about nine miles.

The town is situated in the midst of a moor, from which the cultivated land has been reclaimed; but in the outlying districts there is much waste, unproductive land. This is divided into small plots of two to six acres, owned by cotter farmers, living in scattered cottages of the poorest class, similar to what are found in some parts of Scotland and Ireland. The whole colony comprises about 30,000 acres, with a population of 11,000; and among this population are scattered about the large number of 1300 insane, who are boarded out in about 800 houses.

Many of the cases would be considered bad cases, even in an asylum. Several exhibited a good deal of excitement, but there was no restraint put upon them; they were free to come and go as they liked. Outside one cottage there were two women, considerably excited. They were walking about, one singing and dancing, the other gesticulating and shaking her fist, and brandishing a stick, but there was plenty of room, no one to notice her, and no one to fight with her. The family in this case had gone to the Kermesse, and a *patient* from an adjoining cottage, who was convalescent, was in temporary charge of the establishment and the two patients. A number who were said to be at times much excited were employed in various ways; churning butter, peeling potatoes, attending to the cows, or to domestic matters.

Accidents are rare, and as the sight of the insane is familiar to the children from birth, they pay no attention to the vagaries and gestures which excite so generally either alarm or mirth.

This plan has lately been attempted in Europe on a more general scale, by what is called "colonization." There is the colony of "Fitz James," near Clermont, France, under the management of the Brothers Labitte, and that of Einum, at Hildesheim, Germany, and that of Zschadras, in Saxony. In the latter there are about 200 patients. The financial success of the establishment has been very complete, the original capital employed now yielding 7 per cent. The favorable influences produced on the mental and bodily condition of the colonists have also surpassed all expectation. The working capabilities of some of them have undergone so great an increase as to be readily acknowledged by the neighboring farmers. All pursue their work together, with contentment and without notable disturbances. Periodical maniacal excitement becomes more and more rare.

The sense of order and activity is, the director observes, powerfully stimulated through the living machinery of an active husbandry, and in most of the patients a more or less warm interest is generated for that which has been striven for and produced by their exertions in common. Under the regulated operations of the day, in many of the patients their delusions and the painful sensations of the past become diminished in intensity. A new home seems to have sprung up for them, which they merit as the work of their own hands; and they feel the blessing of honest labor, which is not entirely wanting even in their blunted sensibility. The patients live in the colony in a state of entire freedom.

In this connection we would call attention to a lecture by Dr. E. C. Seguin, who adds another to his many meritorious reforms in this department of medicine, by his advocacy of treating the milder cases of melancholia at home. The lecture referred to is one of the Messrs. Putnam's *Series of American Clinical Lectures*, and is a fine example of enlightened study on this point.

Notes and Comments.

Precautions in the Hypodermic Use of Morphia.

The *Medical Times and Gazette* quotes from Dr. Chouppe two cases in which very serious symptoms immediately followed the injection of minute quantities of morphia. This accident, he has found out, arises from the canula of the syringe having penetrated one of the minute veins, so that the morphia is thrown directly into the venous circulation. When this is the case, the patient, in twenty-five or thirty seconds after the injection of an ordinary dose, is seized with tinglings in the hands, which soon pervade the body, and are accompanied by very intense itching. The veins of the neck become swollen, the face is flushed, and the pulse beats violently, rising to 120, or even to 160. In about a minute and a half, a cold sweat pours off the surface; and in three or four minutes all urgency has ceased, although the heart may continue agitated for some hours after. In order to prevent the occurrence of these effects, the operation should be performed very slowly, so that injection may be at once stopped when tingling of the hands commences; or what Dr. Chouppe believes will prove the better practice will be to introduce the canula, not with the syringe already charged with the injection, but without the latter, and observe whether a vein has been penetrated, as shown by the issue of blood, drop by drop, from the canula. When this is the case, we should either puncture afresh in another place or push on the canula deeper, so as to traverse the wounded vein. After this precaution has been taken, the injection may then be made.

Consanguineous Marriages.

This journal has always opposed that prejudice against consanguineous marriages, which has led in several States to the passage of acts prohibiting them. Such laws are relics of mediæval superstition.

It is with satisfaction, therefore, that we see in the *Scientific American* that some new investigations on this important subject have recently been undertaken by Mr. George Darwin, the son of the celebrated naturalist, and carried through in a striking and novel manner. The questions to be settled were, first: What is the rate of consanguineous to ordinary marriages in the entire English population? And second: In asylums for idiots, deaf mutes, and the blind, what is the proportion of inmates who are the offspring of consanguineous marriages, to the total population of the institution? It is clear that, if the second ratio should exceed the first, the danger in consanguineous marriages might be inferred. If, on the other hand, the ratios should appear equal, such alliances might be considered as free from harmful results.

From an ingenious study of statistics, Mr. Darwin obtains the response to his first question, namely, that in England the ratio of marriages between first cousins is between 2 and 3 per cent. of all marriages occurring.

The second portion of Mr. Darwin's work consists in researches made in about twenty insane asylums, and in a number of institutions for deaf mutes and blind children. He obtained information relating to the families of 4822 idiots; and out of this large total he found that but 170 marriages between first cousins had insane issue, or from 3.to 4 per cent. of the total number. The families of 366 deaf mutes (so born) contained but 8 (or 2 per cent.) marriages of first cousins. This ratio is founded on too few a number of observations to merit complete confidence; but, such as it is, it is far from being unfavorable to consanguineous marriages.

This is the present extent of Mr. Darwin's labors; and the accumulation of future researches will, of course, place them in more definite shape. As far as can be now judged, it would seem that there is no such serious danger attendant upon consanguineous marriages as has been stated and popularly believed.

Color Blindness in Sailors and Railroad Employees.

Not long since a serious railroad accident occurred just outside the limits of this city, owing, as it appeared, to the engineer confusing the colors of the lights on a train in front of him.

Dr. Favre, of Marseilles, calls attention to the fact that while in reference to railway employees the recognition of the red signal is almost the only absolutely essential point, with regard to sailors the green is just as indispensable as the red. At recent examinations of 1050 candidates for employment on railways he has detected as many as 98 color-blind, who

were deceived as regards one or more colors, this occurring as regarded violet 78 times, blue 50, green 54, yellow 14, and red 10. Of the 98, 29 only hesitated, and 8 corrected their errors, leaving, therefore, 61 color-blind. Ultimately only 11 had to be absolutely excluded; but if these men had to be examined for sea or coast service, all those who could not distinguish green ought to have been excluded also.

Hard Rubber Gynecological Instruments.

Staufer's diverse applications of "hard rubber" to instruments required in uterine therapeutics have been very successful. It is free from odor, not affected by discharges, light, strong, and exerts no harmful action. Those who have used them speak most highly of their action. The manufacturer offers to exchange freely at any time, until the patient and the physician are both satisfied. He will leave a case of these instruments, specula, pessaries, supporters, etc., at the office of this journal during the coming months, where they can be examined. All orders should be addressed to the care of the editor.

Sensitive Artificial Eyes.

In 1873, Mr. May, a telegraph clerk employed at the Valentia station of the Atlantic cable line, first observed that the electrical resistance of selenium was instantly altered by light, the resistance being diminished by increase of light.

Dr. Siemens has made use of this peculiarity of selenium in the construction of an artificial eye. An electrical circuit is arranged, of which a bit of selenium forms a part, and constitutes the retina. When a strong light is admitted into the lens and falls upon the selenium retina, the current of electricity flows, and is made to work the artificial lids of the eye, opening or closing them according to the intensity of the light.

The Dogmatism of Nescience.

A medical journal of repute, in Great Britain, claims to know the future as well as the past. It oracularly states: "That there has never been shown to be, and never will be shown, either volition or consciousness in plants, are truisms which no sane individual would for a moment think of disputing."

If this is so, we prefer to be classed with the insane.

Cure for Corns.

A correspondent of the *Scientific American* writes as follows, to one who asks for a remedy for corns:—Bind raw cotton on your corn at night before going to bed, and then saturate the cotton with spirits turpentine. It will remove the most obstinate corn, either hard or soft, in four or five applications. The skin will be apt to peel off the toe, but this is rather an advantage, as it helps to remove the corn.

Resolvent Ointment.

The following ointment is employed at the Hôtel-Dieu with great success, by Dr. Noel Guéneau de Mussy:—Camphor one, chlorhydrate of ammonia four, and lard thirty parts.

Correspondence.

Sewers and Cesspools not a Cause of Typhoid Fever.

Ed. Med. and Surg. Reporter:—

The Reporter has more than once called the attention of the profession to the views of that acute observer, Dr. Edwin Snow, of Rhode Island, on the above subject.

Experience has fully taught me the fallacy of the sewer and cesspool theory being a cause, and when I see our English and American brethren attributing enteric fever to their influence, I cannot help but smile.

No doubt very many practitioners can support Dr. Snow on this subject by citing facts.

That eminent author, Professor George B. Wood, who so vividly and truthfully describes its symptoms, rather inclines to causes from "crowded localities and miasmatic influence."

Professor Trousseau says it is "especially endemic in great centres of population."

Professor J. Hughes Bennett is of the "opinion that it is in some way connected with the diet."

Let our theories be what they may, it seems the cause of typhoid fever is yet unknown. I have found the disease occurring among stalwart lumbermen while occupied in the woods; the hardy farmers residing beside some of the finest streams and springs bubbling from the mountain side; and in males and females in isolated residences deep in the forest, where there are no sewers or cesspools.

It occurs in terrible endemics in small open towns, and in sparsely settled localities, where density of population is never seen.

It occurs on the mountain tops, more than three thousand feet above the level of the sea; in anti-malarial pine forests on the head-waters of the Susquehanna river, where malarial fever never occurs, and where cases of chronic intermittents resort to be spontaneously cured.

It occurs in the best fed families, where potatoes are used in abundance.

It occurs in young children, and more than once in the same individual.

I have not found it to be contagious, or generated by the secreta of the sick.

There is one symptom I have never found absent, and that is epistaxis.

The patient may not have seen or the nurse detected it, nevertheless it occurred, if but a single drop of blood, the dry incrustation of which was subsequently picked from the nose by the patient. W. J. Craigen, M. D.

Cumberland, Md., May, 1876.

On Chronic Diseases of the Joints.

Ed. Med. and Surg. Reporter:—

In the number of your journal of April 22d, 1876, I noticed a most valuable article by my distinguished friend, John Ashhurst, M. D., on excision of the knee, and amputation of the thigh for disease of the knee joints.

To all the doctrines and instruction given by the doctor I yield my most cordial assent; and yet he seems to think I differ with him, for he says: "And here let me digress for a moment to reiterate my profession of faith, so much objected to by my distinguished friend, Professor Sayre, of New York, that these chronic joint affections, *though unquestionably local diseases*,* are not exclusively of local origin, and that they require constitutional as well as local treatment. Would, I repeat, that another Abernethy might arise among us, and direct our attention once more to the constitutional origin and treatment of local diseases!"

As my lectures on orthopedic surgery, now being published by the Appletons, and in which my views are fully given, may be delayed for some time, before the work can be issued from the press, I am unwilling to allow myself to be thus misrepresented by so distinguished a surgeon as Dr. Ashhurst. I have not the pleasure of a personal acquaintance with Dr. Ashhurst, and I have no doubt but that I have been misrepresented to him, as I have to others.

Within a year past, one of the most distinguished physicians in the Southern States, Dr. R. D. Arnold, of Savannah, Georgia, called upon me, to know if it was possible that I taught the students to believe "that it was impossible for a scrofulous patient to have hip disease, Potts' disease, or a white swelling of the knee joint." He stated that he had heard the statement made the evening before, by a prominent surgeon of this city, in the presence of a number of medical gentlemen, and that it was not contradicted by any one.

He had, therefore, called upon me in person, to know if it were possible that I believed or had taught any such absurd doctrine as that scrofula was a protection against any chronic joint affection.

* The italics are mine.

It is possible that Dr. Ashhurst may have been informed of my peculiar views, by some one equally well qualified to give him information as the distinguished surgeon who had informed Dr. Arnold.

As I was going to my clinic at the time the doctor called, I asked him to accompany me, and stated that I would answer his question in the lecture-room, which I did, and I think the lecture was published in your journal.

I stated to the class, in the presence of Dr. Arnold, the story he had just told me, and then told them again, as I had so often done before, that, even in the scrofulous cases in which the disease was developed, it had been induced by some *exciting* cause. In other words, that it was of *traumatic* origin; that in these enfeebled constitutions, a much more trifling injury would develop the disease than in the vigorous and robust; but even these scrofulous cases required the *trifling* injury to some particular joint, or part, in order to locate the disease at that particular place. The most vigorous and robust child, born of healthy parents, and with an ancestry, for generations past, of perfect health, was not exempt from the same disease, although it required a more severe injury to produce it in this class of cases. I stated, also, that I had observed it more frequently in the robust and active, because they were more *exposed* to danger.

As to the constitutional treatment of this class of cases, I have always taught that it was the only way to cure them; and the whole object of any apparatus applied to the part, whether it be ankle, knee, hip or back, was to give perfect rest to the part involved, and prevent pain by overcoming reflex muscular contraction, while it allowed all the balance of the body to have freedom of motion in the open air, in order that they might take sufficient exercise to enable them to digest a sufficient amount of nutritious diet. I believe that air, exercise and beefsteak, with a proper allowance of wholesome vegetables, will restore a shattered constitution better than all the alteratives in the pharmacopœia and a confinement in a bed in the best regulated hospital, or in the most sumptuous private mansion. Asking pardon for this long explanation,

I remain yours truly,

Lewis A. Sayre, M.D.

285 *Fifth Avenue, New York.*

News and Miscellany.

The Juniata (Pa.) Medical Society

Was permanently organized on Tuesday, April 25th, by the election of the following officers, to wit:—

Dr. S. B. Crawford, President.
Dr. P. L. Greenleaf, First Vice-President.
Dr. J. B. Sterrett, Second Vice-President.
Dr. I. N. Grubb, Recording Secretary.
Dr. G. D. Arnold, Corresponding Secretary.

Dr. G. M. Graham, Treasurer.
Dr. D. M. Crawford, }
Dr. A. J. Fisher, } Censors.
Dr. J. M. Brazee, }

Drs. Greenleaf and Graham were elected delegates to the Pennsylvania State Medical Society, at its next meeting; and Drs. S. B. Crawford and Sterrett to the American Medical Association.

The next meeting of the Society will be held on the third Wednesday of July, at 10 o'clock, A. M.

THOMAS A. ELDER, M. D.,
Temporary Secretary.

Items.

—Page 349, column 1, for Dr. During, read Dr. Deering.

LONDON, May 1.—A special despatch from Vienna to the *News* says that a German physician, Dr. Heck, has telegraphed from Bagdad that the disease prevalent there is not the plague, but an epidemic fever, curable by quinine.

—The Pennsylvania Legislature has made the following appropriations:—$20,000 for the support of the Pennsylvania Training School for Feeble-minded Children at Media, and to erect an additional building. $2000 to the Allegheny County Society for Alleviating Miseries of Prisons. $2000 to the Industrial Home for Blind Women in Philadelphia. $25,000 to the Jewish Hospital Association of Philadelphia, for the purpose of erecting and furnishing a dispensary building. $12,000 for the support of the Western Institution for Deaf and Dumb.

—There were 336 deaths in this city last week, an increase of 2 over the previous week, and a decrease of 27 over the corresponding week last year. The principal causes of death were: Bright's disease, 6; congestion of brain, 8; consumption of the lungs, 52; convulsions, 14; debility, 9; diphtheria, 18; dropsy, 7; disease of the heart, 8; scarlet fever, 6; typhoid, 12; inflammation of the brain, 13; of bronchi, 9; of lungs, 30; inanition, 8; marasmus, 10; paralysis, 8; small-pox, 8.

Personal.

—Dr. DeForest Willard has been appointed as Medical Officer to the International Exhibition, *vice* Dr. Herbert, transferred to the position of Secretary of the Bureau of Medical Service.

—Dr. A. W. Mathues, of Media, Delaware county, has been re-appointed, by Governor Hartranft, Quarantine Master at the Lazaretto. No better selection could have been made.

—The Territorial Board of Health, of Colorado, is given as follows, together with the dates on which said appointments expire:—

Drs. F. J. Bancroft, of Denver, President, January 31, 1878; T. G. Horn, of Colorado Springs, January 31, 1884; W. H. Williams, of Denver, January 31, 1884; A. V. Small, of Trinidad, January 31, 1878; R. J. Collins, of Georgetown, January 31, 1880; W. Edmundson, of Central, January 31, 1882; T. N. Metcalf, of Del Norte, January 31, 1880; T. M. Smith, of Fort Collins, January 31, 1882; H. A. Lemen, of Denver, Secretary, January 31, 1884.

QUERIES AND REPLIES.

Hair Dye.

The hair dye receipt in your issue of April 29th, 1876, page 360, tallies very closely in quantities with one I have used for years and find entirely satisfactory. The improvement in mine is the addition of gum arabic. It runs thus—

R.	Arg. nit. (crystals),	ounce j
	Aqua ammonia,	ounces iij
	Gum arabic, pulv.,	ounce ss
	Aqua mollis,	ounces vj.

Dissolve the gum in the water and the arg. nitras in aq. ammonia.

To remove stains caused by this on the skin, use—

R.	Potass. cyanuret,	drachms v
	Iodine,	drachm ss
	Aqua,	ounces vj.

Somerville, N. J. W. PENNINGTON, M.D.

Dr. E. C., of Ohio.—The Jefferson Medical College has not announced any general meeting of its alumni.

Dr. A. S. H., of Pa.—Grindelia robusta is a plant found in California, extolled in poisoning by the poison oak, and in asthma.

Dr. W.—A druggist is *not* under any obligation to give a patient a copy of a physician's prescription. The patient does not buy the recipe; he buys the medicine, and the use of the technical skill of the physician.

Drs. F. and M., of Neb.—The method, in favor with Commissioners in many States, of letting out the pauper practice to the lowest bidder, is a most disgraceful one. It is nearly sure to secure inefficient or unscrupulous service. The Code of Ethics does not prohibit physicians making such bids, but they are certainly contrary to its spirit and meaning.

OBITUARY.

SIR WM. R. WILDE.

Ophthalmic and Aural Surgery has again lost one of its oldest and brightest lights. He was also one of its ablest authors. This distinguished surgeon died, in Dublin, April 19th. He had been suffering for some time, and his death was not unexpected. Sir William established St. Mary Ophthalmic and Aural Hospital, about forty years ago, and carried it on at his own expense for several years. He was the author of numerous pamphlets on Medical, Statistical, and other subjects, but was best known, in this country, by his work on Aural Surgery, edited by Dr. A. Hewson. He was appointed, in 1841, one of the census commissioners of Ireland, and was knighted in 1848. He also held the appointment of Surgeon-Oculist in ordinary to Her Majesty, Queen Victoria, in Ireland.

MARRIAGES.

SLOAN—COLLINS.—On Wednesday, April 26th, at the residence of Mr. John Reed, Knoxville, Iowa, by Rev. Waring, W. K. Sloan, M. D., of Eddyville, Iowa, and Miss Emma J. Collins, of Knoxville, Iowa.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1003.] PHILADELPHIA, MAY 20, 1876. [Vol. XXXIV.—No. 21.

Original Department.

Communications.

ON THE ABORIGINAL METHOD OF TREATING DISEASES OF THE EAR, WITH OBSERVATIONS ON THE USE OF STEAM IN DISEASES OF THE MIDDLE EAR.

BY LAURENCE TURNBULL, M. D.,
Of Philadelphia.

Physician to the Department of Diseases of the Eye and Ear, Howard Hospital, etc.

In the northern part of Montana territory, opposite the site of the United States Agency for the Crow Indians, is one of the principal fords of the great Yellowstone river, which, at this place, leaves the confines of the abrupt, rocky walls known as "the third or lower canoñ, spreads out, divides, and sweeps rapidly around either side of an island some four or five acres in extent. This piece of land serves as a half-way resting-place, and is often the camping-ground for those who are compelled to cross the treacherous stream. While my son, Dr. Charles S. Turnbull, was acting Surgeon to the United States Geological Survey, under Dr. F. V. Hayden, it was his good fortune to be camped upon this island, when sixty lodges belonging to the Nez-percé Indian tribe crossed on their way to join the Crows, with whom they were to unite and go down upon the Republican river to hunt buffalo.

They appeared about ten o'clock in the morning, and over five hundred men, women, and children, with nearly two thousand horses, filed past. Most of the Government party were out in the neighboring mountains exploring, hunting, etc., Dr. C. S. Turnbull and a teamster being the only ones in charge of camp. This teamster had been completely deaf for seven years, having lost his hearing during a severe attack of cerebro-spinal meningitis. He did not remain with the Doctor on account of his usefulness, but being able to communicate only by means of the manual alphabet, they were thrown together constantly, and the Doctor, who became much interested in his case, relates the following incident:—

"As the novel procession passed, we stood talking, but keeping guard over our property. Our signs to each other were not unnoticed, for about sundown of the same evening, whilst eating our supper, an "Indian Medicine-man," fancifully and oddly dressed, rode into camp, and upon being invited sat down with us and ate heartily, keeping his eyes fixed upon my deaf companion, who succeeded, much better than did I, in conversing with our visitor by means of the sign language. Our guest, whose curiosity had reached its highest pitch, soon asked my companion why he always made motions to me. After an explanation he seemed much surprised to learn that the Doctor had not cured the man who had been deaf so long. Rising suddenly, he walked over to him and looked into his ears, and with an air of satisfaction gave me to understand he could cure him. Running down to the river bank, he returned with a flattened boulder, about the size of a man's head. This he indicated was to be thoroughly heated, placed in a hole in the surface of the ground and covered with a wet blanket folded as a pillow.

Upon this the patient was to place his head, lying with first one ear and then the other upon the steaming pillow, the entire body being covered with dry blankets and robes. Oil squeezed from the liver of a rattlesnake, to be found and killed the next morning, was to be heated and poured into both ears. This operation, which would soon produce a discharge from both ears, was to be repeated for "six sleeps," and in "five suns" (five days) the hearing would be restored. Knowing the circumstances, any one could have easily understood the excellent pantomime. The grotesque contortions of this wild son of Esculapius were amusing, as, with an expression of disgust, he stooped, and with his fingers illustrated the discharge from the ears to follow his plan of treatment. I was very much entertained with the description of the plan proposed by my brother professional, who evidently displayed a knowledge of *first principles*, and who had done his whole duty, having spent most of the evening in his explanations. After receiving a handsome fee in coffee and sugar, with a self-conscious air, he leaped upon his pony, and swimming the river, soon joined his people. He was tall and well built, a true Indian, but possessed of an unusually intelligent face, and assuredly was all he looked, for it requires, as many well know, an uncommonly smart man to practice our art successfully among beings so superstitious as the Indians."

It will be interesting to notice that this method of treating diseases of the ear by the Indians was in use in Germany, in a more scientific manner, as early as the year 1836, by so distinguished an aural surgeon as W. Kramer,* who applied steam and other medicated vapors to the middle ear, by means of the catheter.

Kramer gives the following description of his apparatus: On a firm, three-legged wooden stool, without a back, a frame is fastened, which, on a sufficiently large wooden ring, supports a glass globe, half a foot in diameter, the lower half of which is covered with tin plate. The neck aperture of the globe, an inch high and an inch in diameter, serves to receive a tightly-shutting cork, in which a flexible tube of about a foot and a half in length is fastened, the interior end of which is connected, by means of a metallic joint-piece, with the funnel-shaped end of the catheter. About an inch from the neck-aperture end, on each side of it, there is a hole, one of which serves for the reception of a thermometer, and the other for the instillation of volatile substances which it may be desirable to vaporize. During its use the latter is stopped with a cork, which is pierced by a narrow glass tube, through which, if it should be necessary, the vapors in the glass globe may be drawn out. Under the glass globe stands a spirit lamp, for the purpose of heating the fluid contained in it to whatever degree it may be required. Rau* had also a vapor apparatus, which was as follows: A tubulated glass retort, containing about five ounces, is fastened in a tin vessel, with protruding margin, which is half filled with sand, and placed on a frame over a spirit lamp in such a manner that the short, lateral tube projects freely, while the neck, three-fourths of an inch long, assumes a vertical position. The latter is stopped with a cork, into which a little glass tube is inserted, with one of its two rectangular legs, while the other leg, turned down at the same angle, keeps suspended a little cylinder glass, containing about half an ounce, together with the cork. A similarly bent glass tube connects the first vial with a second, from which another geniculated glass tube projects. For certain purposes, the second glass vial is put into a high glass filled with water, in which it is kept suspended by the glass tube resting on its margin. A little glass funnel, which can be hermetically stopped, is inserted into the cork of the vial next to the little tube, and a thermometer, with the scale marked upon it, is placed in the upper glass retort. The cork which closes the lateral tube is pierced with a glass tube, into which a gutta-percha pipe, connected with an air press (or as we have used, an elastic ball with the hand); by this means the vapors are forced into the middle ear by the catheter, so as to produce their effect upon the Eustachian tube and middle ear. The only objection is, the vapor is apt to become so cool that it is no longer vapor but liquid, and produces irritation of the parts, or burning, by its over-heated state in passing the nose.

In 1870, Dr. C. I. Pardee, of New York,† made a series of observations on the use of steam

* Die Erkennatniss und Heilung der Ohrenkrankheiten. Berlin, 1836.

* W. Rau, Lehrbuch der Ohrenheilkunde für Aerzte und Studirende. Berlin, 1856.

† Transactions Am. Otological Society, July 29, 1870, p. 93. D. Appleton & Co., New York.

alone in disease of the middle ear, and we give a

SUMMARY OF HIS RESULTS.

CASE	HEAR'G	TINNITUS.			TIME OF TREAT'T BY STEAM	DURATION OF DISEASE.
	RIGHT.	LEFT.	RIGHT.	LEFT.		
1	Imp 8 in	Imp 7 in	Ceased	Ceased	29 Days	3 Years
2	Imp 3 in	Imp 3 in	Much Improv'd	Much Improv'd	30 Days	. . .
3	No Imp	Imp 15 in	Nearly ceased	Nearly ceased	16 Days	. . .
4	Imp 10 in	Imp 20 in	Ceased	Ceased	31 Days	2 Years
5	Imp 6 in	No Imp	Improved	Improved	8 Days	7 Years
6	Imp'ved	Imp'ved	Ceased	Much Improv'd	2 Months	6 Years

"The practical lesson which we may deduce from the foregoing is that, in the treatment of diseases of the tympanic cavity, its condition of moisture, or of dryness, should be considered, on account of its relation to the acoustic requirements of the hearing apparatus; and when dryness exists, our therapeutic efforts should tend to re-establish the normal secretion, while, on the contrary, astringent remedial agents are proper only when there is hyper-secretion."

The instruments required for the application of steam to the tympanic cavity are:—

1. An apparatus for generating it; an ordinary glass flask, which holds a quart, will do very well Two tubes should be passed through the cork, and on the external end of each a piece of flexible rubber tubing, about eighteen inches in length, is to be placed. Steam can be generated in a glass flask very well, without the sand bath even, provided care is used in first applying the heat. In the free end of one rubber tube must be placed a nozzle of rubber, or of glass, and small enough to fit into a Eustachian catheter; in the other tube, the nozzle of a Politzer's air-bag. Pressure on the air-bag will force the vaporous contents of the flask through the small nozzle of the other pipe.

2. A Eustachian catheter and catheter-holder. The catheter should be of rubber, because the heat from the steam soon renders a metallic instrument unpleasantly warm for the nasal passages.

Any of the approved catheter-holders may be used, although the best is the one invented by Dr. O. D. Pomeroy, of New York.

The catheter should be placed in the mouth of the Eustachian tube, and retained in position by the catheter-holder; then, the small nozzle of the steam apparatus being in the outer end of the catheter, steam can be forced to the middle ear by sharp pressure on the air-bag. If the pressure on the air-bag is slow, the prolonged contact of the steam is likely to be unpleasantly felt by the patient, and there is some danger that it may escape into the pharynx, and provoke inflammation there. On the other hand, if it be applied with sudden, sharp pressure, and the nozzle removed from the catheter after each puff, no inconvenience is ever felt, and there is no possible danger of exciting inflammatory action in the pharynx. A glass flask is apt to break. For hospital purposes, a very convenient steam kettle is described by Dr. Jenner. It is of tin, with a small aperture at the top, closed by a screw instead of an ordinary lid. A spout, three feet in length, projects horizontally from the upper part of the kettle. Another spout projects obliquely upward from near the bottom, ending in a spoon-like projection just under the slightly curved (downward) open mouth of the upper spout. The steam passes out of the upper spout, where an elastic tube can be attached, and a Politzer bag and Eustachian catheter arranged so as to use in treating diseases of the middle ear. "Ziemssen's Enc. Pract. Medicine, vol. i, p. 67.

OBSERVATIONS ON THE DETERMINATION OF SEX.

BY PRESTON CAPSHAW, M. D.,
Of Picolata, Florida.

Many years ago, I remember to have read an article in a newspaper, which stated that a French stock raiser, M. Thury, had acquired the means of controlling the sex of colts and calfs, whose dams were subject to his management. His theory was that the impress of sex was made at the moment of fertile conjugation, and that it took form from the parent which happened to be possessed of the greater amount of erotic humor at the time of sexual contact. He also observed that the erotic heat of the females was highest during the first few days of its advent, after which it gradually abated in them to aversion, before the males gave up the pursuit.

In pursuance of this theory, when he desired a female product, he only admitted the males to his mares and cows at the early stage of the erotic fever. On the contrary, if a male product was desired, he kept the sexes apart till the females had passed the climax of excitement and were about to reach the point of aversion, before the males were permitted to conjugate with them. By carefully watching and managing, in the manner described, he confidently asserted that he could foretell the sex of each forthcoming young before it was dropped.

Being forcibly impressed with the novelty of the hypothesis at the time, I have taken occasion, as opportunities presented, to observe how far it may apply to the human family. I hold that the process of generation in man is a purely animal function, and differs in no essential degree from that of other uniparous animals; that woman, too, has her erotic seasons, as marked by the regular return of her menstrual period, though in her controllable, and subject to her reason and to her will. Yet it is equally observable in her, as in the lower animals, that her passion is most intense just preceding the menstrual flow; that after the flow it gradually subsides, till she barely tolerates the embraces of her husband or lover.

In corroboration of the truth of the above hypothesis, as applied to the human family, I will cite a few facts and observations. In all well-authenticated cases in which conception followed immediately after marriage, and the child proved to be a male, it has been found that the mother had just passed her menstrual crisis at the time of her nuptials. Several instances are known to the writer in which, during the late war, a hasty visit to his family by a soldier was followed by the birth of a son, in due course of time. In all such cases, it has been found that the wife had just passed through her "monthly sickness" at the time of her husband's visit.

Again, it is found that, in nearly every instance, when a woman complains of having gone two or three weeks over her time, the child will come a girl.

Women count from the last menstrual show, but in these instances impregnation did not take place till the beginning of the next erotic season, but in time to suppress the ordinary menstrual flow.

The same result happens with parties who attempt to cease having children by abstaining from sexual enjoyment for ten or twelve days after each menstrual return. They trespass upon the succeeding erotic term of the wife, and the offspring is invariably a girl. I am acquainted with a poor fellow who has been practicing upon this plan for over twelve years, and during that time his wife has presented him with seven girl children in regular succession.

I am acquainted with a gentleman of learning and ability, who has practiced upon the hypothesis herein submitted, and believes he has controlled or predetermined the sex of his present number of five children. Other facts might be stated tending to establish the truth of the hypothesis, but those already given are sufficient to direct the attention of the profession to its further investigation. Many other physiological facts, seemingly as obscure as this, have yielded to united investigations, and why not this? Perhaps, if established, it would be of no practical value, except in its relation to science; for generation being an instinctive, unreasoning impulse, practically it would be continued in the same hap-hazard way that has heretofore marked its history.

A CASE OF RUPTURE OF THE PERINEUM, EXTENDING INTO THE RECTO-VAGINAL SEPTUM.

BY R. L. SIBBET, A. M., M. D.,

Of Carlisle, Pa.

Mrs. W., aged 30 years, applied for relief, uncertain as to the nature and extent of her affliction. Fifteen months had elapsed from the birth of the third and last child, during which time she suffered very much from diarrhœa, and was unable to retain the contents of her bowels. An examination revealed at once her situation, which her physician was ignorant of. She had rupture of the perineum, extending into the recto-vaginal septum one inch and a half, the result, as she now believes, of her several parturitions.

To control the diarrhœa, and to build up the system, were the first objects aimed at. These were accomplished by the use of an emulsion of balsam copaiva, oil of turpentine and tincture of rhatany, with powders of sulphate of morphia, gum camphor, bromide of potassium and prepared chalk, given occasionally. A variety of easily digested articles of food were allowed.

My patient, when advised, expressed a great dread of going to a hospital, where she would be excluded from friends and acquaintances; and knowing that she had but a slender hold upon life, having a delicate frame, weak lungs, and withal a nervous and sympathetic nature, I proposed, with the consent of medical friends, to operate, which was cheerfully agreed to.

Accordingly, December 15th, 1875, assisted by Drs. Zeigler and Keiffer, the bowels being thoroughly evacuated, and the patient placed in the usual position for lithotomy, I denuded the edges of the rectum, which stood apart,

forming a triangular opening, and drew them together with two ordinary silk sutures. This operation, intended as a preliminary step, was only partially successfully. Indeed, it is doubtful whether anything was gained by it, as it became necessary, before proceeding further, to again evacuate the bowels.

Nine days afterward, with the approval of the same medical gentlemen, to whom I am much indebted, I denuded two triangular surfaces, and brought them together by the use of three strong sutures The lower two included the edges of the rectum, and the upper one the edges of the vagina.

The means which I extemporized to retain the surfaces together consisted of two pieces of flexible catheter of medium size, one inch and three-quarters long, and two pieces of common wire, bent at one end so as to form a loop or ring. The pieces of wire, inserted into the pieces of catheter, gave firmness to them, with a certain amount of flexibility very important. Holes being made in the pieces of catheter, double sutures were passed through them and tied down upon the pieces of wire. When the operation was completed the pieces of catheter stood parallel, and about one inch apart.

Three days and eight hours after this operation I removed all the sutures, and found that union had taken place throughout. On the eleventh day she became restless and complained of a sense of fullness in the pelvis, when I commenced to remove the impacted contents of the rectum. This was accomplished by the use of a mixture of Rochelle salts, warm water, and a little sweet oil, as an injection, and instruments. When peristaltic action came on, the nurse was directed, in my absence, to sustain the perineum, by taking firm hold of the vulva and making steady pressure. Under no circumstances was the patient allowed to assume the sitting posture until after the fifteenth day, when a change of food and a little alterative medicine had restored the bowels to their normal action.

In this case sulphuric ether alone was used as an anæsthetic, and carbolic lotion as an antiseptic. The patient was allowed to lie on her back, or on either side with the limbs flexed, and retained in this position by a bandage from the knees around the neck. The catheter was used every six hours; the gases escaped from the bowels without assistance. Three months after the operation the patient had perfect control of the sphincters, and the perineal space had contracted to about an inch.

It is proper to state that this patient, after the birth of her last child, suffered also very much from retroversion of the womb, the result, no doubt, of a constant drain upon the system, and perhaps malformation of the pelvis. For this trouble, she has recently experienced great relief from wearing one of Staufer's hard rubber supporters, which we take great pleasure in commending to the notice of the profession.

I might add, that, in consequence of her suffering, she was rapidly becoming a victim to opium-eating, but hopes to be able soon to wholly abstain from the use of the narcotic.

Hospital Reports.

PHILADELPHIA HOSPITAL.

SERVICE OF PROF. HARRISON ALLEN, M. D.

REPORTED BY C. W. DULLES, M. D.

Amputation of Fingers.

This man, who has been etherized outside to hasten the clinical cases to-day, had his hand crushed some time since, and the resulting inflammatory process has produced the result you here see. I find, upon examination, that the flexor tendons of the index have been destroyed by ulceration, and that the first phalanx of the second finger has been stripped of its periosteum. This would render both fingers perfectly useless to him, in consequence of the stiffening and necrosis which would follow, and perhaps entail more serious results.

In such cases the question of amputation may depend upon the occupation of a patient. If he be a man of means, who needs not to use his hand for any material work, and can always wear a glove, he may prefer to save the fingers, and the surgeon should act accordingly. But if he be a mechanic or laboring man, the fingers, stiff and in an unnatural position, will seriously interfere with his work, and they should be removed. This is the case at present, and so I shall proceed to amputate.

I shall use a new method, one that is based upon theoretical advantages, and which is put into practice for the first time to-day. After application of Esmarch's apparatus, the operation is begun by making, from an imaginary point on the middle of the palmar surface of the first phalanx, just below the head of the bone, two diverging incisions, each carried one-quarter round the finger, and going down to the flexor tendons and the lateral ligaments, which are very strong. Next, the tendons are divided, and the lateral ligaments and the head of the phalanx carefully enucleated. At this point the condition of other parts can be examined, and it can be decided just how much

to remove. When the head of the phalanx has been forced up and out of the incision, the bistoury is inserted perpendicularly to the point selected at the beginning, and made to transfix the tissues on the dorsal surface, and then it is carried forward obliquely till it reaches the end of the first one, then the other of the former incisions. This detaches the finger and leaves two lateral flaps. If necessary, the tendons can be further trimmed off, after which the cut vessels are to be secured, the Esmarch apparatus removed, and the flaps brought together. These have the advantage of having each a nutrient artery of considerable size.

Upon examining these amputated fingers, we find the flexor tendons of one completely destroyed by ulceration, and in the other the bone denuded of periosteum and being necrosed. On the palmar surface we find an exfoliation, below which the living bone is covered with granulations. These would become fully organized in time, under the stimulus which exists here. It is remarkable how often connective tissue about bone, under excitement, will produce bone, where it does not naturally exist. These are what are called osteophytes, of which specimens can be seen in almost all pathological museums. This process of bone-making is of the greatest importance to the surgeon, for by it a bone almost totally destroyed may be removed It could not, however, avail our patient, for the reasons stated when deciding to amputate.

This negress has

Strumous Disease of the Bones of the Foot,

the tarsal bones. In people of this race, living in temperate climates, disease such as we find here is very common. They are in the condition of the tropical animals in our menageries, more thoroughly acclimated, and dying chiefly of strumous diseases.

This particular patient I have operated upon, about a year ago, scraping the bones and giving her temporary relief. She refuses amputation, though I do not think the foot can ever be of service to her, and prefers such a measure as was adopted before. So all we can do is to remove the dead bone and the badly organized material surrounding it, as often as may be necessary.

First I will lay open this sinus, then I explore with my finger. By this means I bring out a quantity of gelatinous material, illy defined and incapable of becoming healthy tissue, after which the bone must be scraped, so as to bring away that diseased part which nature can only throw off by a tedious process, leaving a fresh surface, which will act like periosteum in producing new bone. This removal must be thorough, or it will do no good.

Now, having done this, we will pack the wound with lint, soaked with phenol sodique, of which a quantity is in the hospital, and which, it is said, is less irritating than carbolic acid, while it has its good qualities. The only objection to it is that it is a proprietary medicine.

As the patient is being removed, you will notice the sinuses in her neck. These are more common in mulattoes than in full-blooded negroes. Their presence indicates the profound constitutional impression she labors under, and renders her case a very unfavorable one.

This young man is covered with an eruption, which is a flat erythema, called

Syphilitic Roseola.

His history is like that which you will hear in your practice. A man will come who tells you he had a sore about four weeks before, which was cured. Within a day or two he has felt a little badly, and does not know why it is. You think he is going to have syphilitic fever, and tell him to go home. That day he may have a very slight or a very severe chill, followed by fever, and on the next an eruption, like this, may make its appearance. Now you know what the malaise and the chill meant.

This eruption may fade from every part of the body, and leave only upon the forehead a few patches, constituting the corona veneris. These, however, must be treated energetically. They will not be cured without active means.

We notice also in this man some injection of one eye. This is not conjunctival, but below it, and involves the sclerotic, as I know by the rosy radiating lines running toward the cornea; there is also some ciliary trouble, and we have here the beginning of a syphilitic iritis. This has been treated, locally, with instillations of atropia sulph., and constitutionally, as it should be, with mercury.

In such cases active treatment must be at once instituted. There is no use in giving iodide, but mercury must be used until it shows its constitutional effects, until the gums are made sore.

Medical Societies.

CASS COUNTY (Ind) MEDICAL SOCIETY.

The Society met in the Council Rooms in Logansport, Ind., April 27th, 1876. The President, Dr. Graham N. Fitch, in the chair. After disposing of the usual preliminary business, the election of delegates to the National and State Associations was held. Dr. G. N. Fitch was chosen delegate to the National Association, and Drs. Fitch, R. Faber, W. H. Bell, and James Thomas, delegates, and Drs. Asa Coleman, J. Z. Powell, Benjamin C. Stevens, and I. B. Washburn, alternates, to the State Medical Society.

Dr. Faber then read a paper on "Cerebro-Spinal Meningitis."

Adjourned, to meet Thursday, June 29th, 1876.

I. B. Washburn,
Secretary.

EDITORIAL DEPARTMENT.

PERISCOPE.

On the Specific Treatment of Whooping-cough by Quinine.

Mr. John Reynolds writes to the *Lancet*:—Having had during the last six months a great many cases of whooping-cough, and some of them having been of a rather severe type, I have been led to devote a considerable amount of time and attention to the study of this complaint, with a view of finding, if possible, some remedy that would at once cut short the paroxysms; and as my efforts have been so far completely successful, I consider it my duty to bring the matter under the notice of those of my professional brethren who may deem it worth their consideration. I may state that, as far as I can ascertain, the treatment of whooping-cough by full doses of quinine is original, and I am further strengthened in that opinion by the fact that up to the present time there is, I believe, no generally recognized certain specific for this complaint.

As I wish to be as brief as possible, I shall not at present give my reasons for trying quinine in these cases, but shall merely say that until about three months ago I had always employed the anodynes, narcotics, tonics, counter-irritants, etc., generally recommended in the standard medical works, with the usual unsatisfactory result of temporarily alleviating the attacks, but in no instance of cutting them short. Although the first cases treated with the quinine in large doses, according to the age of the patient, were cured in a few hours, yet, as they had been previously treated with anodynes, etc., they were not considered to afford by any means a satisfactory proof of the power of the alkaloid over the complaint. The results of its administration, were, however, sufficiently encouraging to warrant me in giving it a fair trial by itself. This I have since done, and it has never yet failed in a single instance, even in the severest cases, to give almost immediate relief, and in a few hours (*i. e.*, from twelve to forty) to absolutely cure the patient.

1. G. J. B.——, aged fifteen months. This infant first showed symptoms of whooping cough on December 29th, 1875. During the first five weeks the attacks gradually increased in severity and frequency, until at the end of the fifth week a paroxysm occurred about every hour, and occasionally oftener, day and night. The vomiting was very frequent, and there was a considerable amount of febrile disturbance. The smallest quantity of nourishment introduced into the stomach was returned almost immediately, and this inability of the stomach to retain food caused great emaciation. This state of things went on until March 6th, 1876, when the father consulted me upon the matter, and I immediately prescribed the following mixture:—

R.	Bisulphate of quinine,		grs. xvj
	Dilute sulphuric acid,		q. s.
	Tincture of oranges,		℥j
	Water	ad.	℥ij.

Two drachms to be taken every three hours.

The first dose was given at 4 P. M. on a Monday, and was immediately vomited, and in the space of ten minutes a second was given, which was retained. The doses were now regularly given and retained, with the following result: The attacks of vomiting at once ceased, and the paroxysms of cough became much less violent and also less frequent, viz., only ten attacks from the time of taking the first dose until 8 A. M. on Tuesday. The same medicine was continued in the same doses, and throughout Tuesday morning and afternoon the attacks, which were less violent, were about three hours apart (unless brought on by any undue excitement). From 10 P. M. on Tuesday to 8 A. M. on Wednesday there were only three attacks, and these were not at all violent. During the rest of Wednesday the attacks were reduced to two in number, and have from that time, with the exception of one or two coughs about twelve hours apart, which have since ceased, entirely disappeared. This patient was not confined to the house during the treatment, and had as a diet milk slightly thickened with oatmeal-gruel.

The writer adds three other cases equally favorable.

A Case of Addison's Disease.

The *Progrès Médical* says:—A laborer, thirty-eight years of age, was admitted last July to the Hôpital Lariboisière. His skin was of a blackish-bronze color, like a mulatto's, the parts exposed to the light being a little darker than the rest. His hair was gray. Although possessing a robust figure and an average amount of flesh, he complained of extreme weakness and constant vomiting; heart regular, and urine normal. Twenty-two years ago he was paralyzed, from an injury to the lumbar vertebræ, but recovered perfectly. It is six years since he noticed any discoloration of the skin. Uncontrollable vomiting and diarrhœa carried him off. At the autopsy, both suprarenal capsules were enlarged, hard, and firm; on cutting open the left one a caseous mass was found to occupy three-fourths of the organ; it was of a compact structure, and of whitish aspect, streaked with yellow. It was easily detached from the cortical substance. In the part which was comparatively sound there were three or four little tuberculous masses. The

right supra-renal capsule presented much the same appearances, except that the degeneration did not seem so far advanced, nor was its extent so great. The nerves from the solar plexus were unaltered. The kidneys were healthy; but under the left kidney was found an abscess of the size of a walnut, with caseous contents, and communicating with the seat of a fracture of the vertebræ. The case supports Dr. H. Greenhow's view that the supra-renal disease is often consequent on injured lumbar vertebræ or inflammations of neighboring parts.

Sarcoma of the Eye.

The following case, from the *Dublin Medical Journal*, was read before the Pathological Society of Dublin, by Mr. Wilson:—The patient from whom this eyeball was removed was a man, aged seventy-seven, who states that, about fifteen months ago, he experienced some uneasiness in his left eye, accompanied with flashes of light and pain, and that, about a year ago, his vision in that eye became totally extinguished. Some six or seven months ago the eye began to protrude between the eyelids, and became staphylomatous. The staphyloma was abscised, and the eyeball began to bleed. Shortly afterward a black mass protruded through the aperture which had been made, and after a short time fell away, and the eyeball again bled. He finally came to me this week with a black, fungus-like mass protruding between the eyelids, and with the upper eyelashes adherent to it. It was constantly secreting matter and oozing blood, and he had also great pain extending over the whole side of the head. The diagnosis at once became clear that it was a so-called melanotic tumor. Owing to the continuous hemicranial pain which it produced, loss of sleep, as well as to the hemorrhage and constant secretion, and great annoyance, I decided to remove the tumor. Accordingly, I removed the entire eyeball on Wednesday last. On making a section of the eyeball and protruding tumor, we found nothing left inside the sclerotic but a dark, black mass, without any trace of retina, lens, iris, or any other structure. The cornea in front is completely gone, with the exception of a small ring, where it is attached to the sclerotic coat. On a microscopic examination the tumor evinced itself to be one of small spindle-celled pigmented sarcoma, so common in eyeballs, and which springs from the choroid. It is a good example of this, and differs very materially both in its common appearance and its microscopic characters from the growth called glioma, which occurs in the eye more frequently in early than in adult life. Sarcoma of the choroid is in itself a perfectly painless disease, so long as it is confined to the back part of the eyeball. When, however, it encroaches on the ciliary region, it causes great pain; and in the present instance, notwithstanding the eyeball being open in front, the tumor pressed upon the ciliary nerves on all sides, and thus gave rise to the hemicranial pain. This tumor having existed for fifteen months, the probability is that at his time of life it will recur in some other organ, or in the orbit.

Chalicosis Pulmonum.

F. Riegel, in the *Centralblatt*, gives the chemical analysis of the lungs of four stonecutters affected with pneumonia, one of whom—a young man of twenty-six—had died from an intercurrent attack of pneumothorax. On reduction, the lungs (two of which had been for a considerable time in spirit) gave the following percentage of ash:—No. 1, 3.94; No. 2, 5.22; No. 3, 4.58; No. 4, 5.57. Of the ash, silicic acid formed in No. 1, 41.38 per cent.; in No. 2, 37.47 per cent.; in No. 3, 38.48 per cent.; and in No. 4, 58.38 per cent. In order the better to observe the contrast, normal lungs were in like manner submitted to chemical analysis. The first specimen was taken from an infant four weeks old, and gave 4.1 per cent. of ash without a trace of silicic acid; the second, from a boy four years of age, 3.71 per cent. of ash, in which was 2.44 per cent. of silicic acid; the third, from a laborer aged forty-seven, gave 4.35 per cent. of ash, with 13.39 per cent. of silicic acid; the fourth, that of a cook sixty-nine years of age, produced 5.46 per cent. of ash, containing 16.69 per cent. of silicic acid.

Puerperal Convulsions.

Dr. Johnston gives the following account of cases in the Royal Obstetric Hospital, in the Dublin *Medical Journal*:—

There were four cases of eclampsia during the year, all primiparæ.

The first was in a patient aged 23; her labor lasted four hours, the second stage occupying one and a half hours, the third five minutes. The child, a boy, alive, weighed 5 lbs. 14 oz., was born by the natural efforts, and lived; no *post-partum* hemorrhage; there were no symptoms whatever to indicate the coming event; however, in twelve hours after delivery she was seized with a fit of convulsions; a turpentine and assafœtida enema was at once administered; she was put under the influence of chloroform, and as soon as possible bromide of potassium, combined with chloral, was given every three hours; she had no return of the fits; made a good recovery.

The second, aged 19, innupta, was admitted, having had convulsions, but the number could not be ascertained. So far as we could learn, she had been in labor eighteen hours; the os was, on examination, found nearly fully dilated; there was some œdema of the feet and ankles, none of the face or upper extremities; an enema of turpentine and assafœtida was administered; she was put under the influence of chloroform, and delivery effected with the forceps, of a boy, weighing 8 lbs., 8 oz., which lived; she was treated with chloral and bromide of potas-

sium: there was no return of the fits; she made a good recovery, and was discharged on the fourteenth day.

The third, aged 23, also innupta, a delicate, anæmic-looking creature, was admitted, having had a fit of convulsions; was conscious on admission, labor went on naturally, and the child was expelled easily within six hours; the placenta was expelled in five minutes; no *post-partum* hemorrhage; soon after which she fell into a state of stupor; every remedy failed, and she died within thirty-five hours.

The fourth, aged 27, a primipara; her labor had to be completed with the forceps, owing to inertia; there was no *post-partum* hemorrhage; went on favorably till the fourth day, when she was seized with a fit of eclampsia; the usual treatment was had recourse to; she had no return of the fits, and was discharged well.

Danger of Chloroform in Fissure of the Anus.

The *Medical Times and Gazette* quotes from the *Gazette Médicale* an important article by M. Nicaise, in which he calls attention to the fact that fissure of the anus, and especially in its most serious form—the "intolerant" fissure of Professor Gosselin—is generally accompanied by a well-marked condition of the nervous system, which renders its subjects highly susceptible to the action of chloroform. Forced dilatation, which is almost the exclusive means adopted for treating this affection in France, necessitates the use of chloroform; and it is therefore important for the surgeon to be aware of the danger which may attend its administration. A lady of very nervous temperament, and pregnant two months, being the subject of the "intolerant" fissure, was put under chloroform, and soon fell into a state of resolution without prior excitement. After dilatation had been practiced, the patient was found to remain still in an alarming state of resolution, the thorax being quite immovable, and the pulse very feeble. The various efforts at restoration had to be continued for three-quarters of an hour before respiration could be completely re-established. Vomiting was frequent. Although the quantity used was very small, the patient was very near dying. To another nervous woman, forty years of age, chloroform was most carefully given, and after four or five inspirations she fell into a state of resolution without prior excitement. Dilatation was at once performed, and the patient came to almost directly, the whole having lasted but a moment. Had the chloroform been continued, disastrous results might have ensued. In the case of a man, aged twenty, also, a few inspirations produced anæsthesia and resolution.

Diagnosis of Dilatation of the Stomach.

In order to ascertain the capacity of the stomach, it is sufficient, according to Leube, to know to what level the greater curvature of the stomach descends, and the best means of ascertaining this level would be to introduce a sound into the stomach as far as possible, and to endeavor to feel its extremity by palpation through the abdominal walls. The lowest limit which the extremity of a stomachal sound introduced into a normal stomach can reach is the level of the umbilicus. In proportion, then, as this limit is exceeded, the stomach is dilated.

Acute Orchitis Treated by Puncture.

The following cases in the West London Hospital, under the care of Mr. A. Bloxam, given in the *Lancet*, illustrate this plan of treatment, now much discussed:—

Case 1. *Urethritis, acute orchitis, puncture, recovery.*—John G., aged twenty-two, a waterman, was admitted on January 17th. He stated that he had three weeks ago a profuse discharge from the urethra, which had gradually decreased until three days before, when it entirely disappeared; the next day, however, the left testicle became painful and swollen. On admission, no urethral discharge existed; the scrotum was tender, distended, and reddened; veins enlarged, and the subcellular tissue œdematous; the epididymis nodular and greatly distended. The pain was intense; so extreme, indeed, as to prevent him sleeping for the previous two nights, and was referred to the loins, groin, iliac region, and of the usual dull aching character. Pulse 120; temperature 103°, with considerable inflammatory fever; bowels constipated. Mr. Bloxam punctured the testicle with a trocar and canula, passing the trocar into the testicle for about half an inch. At first two or three drops of blood escaped; the canula was then slowly withdrawn, to see if any fluid existed in the cavity of the tunica vaginalis, and as this was done about three drachms of serous fluid escaped. The canula was then removed, and the testicle was well supported in bed. Low diet, a lotion of lead and belladonna, and one-eighth of a grain of tartrate of antimony, with a drachm of sulphate of magnesia, every four hours, were ordered.

January 18th.—Scrotum and testicle half the size. Pulse 84; temperature 100°. Half an hour after puncture with the trocar he was free from pain, and has had no return since.

21st.—Testicle nearly normal in size and soft; œdema of scrotum gone, no pain, no urethral discharge. On the most careful examination, no irregularity of surface can be detected where the testicle was punctured. He was discharged and made an out-patient.

Case 2. *Gonorrhœa, acute orchitis, several punctures made with a triangular needle into testicle, recovery.*—James C——, aged eighteen, a carter, was admitted on January 17th. He stated that he had had discharge for two weeks. Three days before applying at the hospital he was seized with pain in the loins and left testicle, and at the same time the urethral discharge diminished. On examination, the scrotum and testicle presented much the same appearance

as in the preceding case, but he suffered less pain, and had less inflammatory fever.

Several punctures were made with a triangular needle into the scrotum and testicle. The man did not suffer much, and a considerable amount of serous fluid escaped from the punctures. Ordered similar treatment as in previous case, but he was made an out-patient.

January 20th.—Stated that all severe pain left him in the evening of the day of puncture. Testicle and scrotum much decreased in size. Slight discharge present.

24th.—Discharge very profuse. Testicle the same size as right. No pain. Ordered copaiba mixture three times a day.

31st.—Since last seeing him the discharge had nearly ceased, and no difference exists between the two testicles.

Mr. Bloxam observed that he had in about fourteen cases considered it advisable to employ this method of puncturing the testicle, not splitting, as had been erroneously said to be Mr. Henry Smith's plan of treatment In none had he seen the slightest ill result follow. As far as he could judge, it was an exceedingly useful mode of treatment when acute pain and inflammatory fever existed, as relief could be promised within a few hours, and when, again, it was impossible for patients to take entire rest at home.

Operations in Pregnant Women.

The *Medical Times and Gazette* (London) says:—

M. Nicaise read at the Société de Chirurgie an interesting case (*Gazette Méd.*, March 18) of an operation practiced on a woman, aged twenty-two, in the eighth month of pregnancy with her first child. During the course of three months a tumor had appeared at the lower part of the humerus, and had rapidly increased. It was believed to be (as, indeed, it proved) a periostic sarcoma, and as intervention seemed urgently called for, disarticulation of the shoulder was performed according to Larrey's method. Esmarch's tube and forci-pressure were employed in order to diminish the loss of blood as much as possible. Eleven days after the operation the patient was able to get up, the temperature never having risen higher than 38.6° C. (101° Fahr.). A month later she gave birth to a child weighing three kilogrammes and a half. During the period of milk fever two abscesses formed over the stump; but her recovery still took place rapidly without any other complication. M. Verneuil has had occasion to observe a great number of traumatic lesions in pregnant women; and, in his opinion, it is upon the temperature we should base our prognosis in all these cases, whatever may be the cause of the febrile action. As soon as 40° C. (104° Fahr.), or upward is observed, great fears should be entertained, for, as a general rule, abortion or death results. M. Polaillon, without denying the extreme importance of the elevation of temperature, believes that two other factors should be taken into account, viz., the amount of loss of blood during the operation, and the stage of the pregnancy. Every one knows that women abort much more readily during the first half of pregnancy; and the case of M. Nicaise, owing to the period of pregnancy and the little blood lost, was placed in the most favorable circumstances. M. Gueniot has seen febrile affections follow their course without acting injuriously on the course of gestation; and he instanced the case of a woman who suffered from phlegmonous erysipelas of the scalp in the fourth month, and was delivered at the full time. In his opinion, we should take into account an essential condition, namely, the contractility of the uterus, which varies much in different subjects; and by this difference we may explain why some women are so much more predisposed to abortion than others. M. Tillaux has performed operations on three pregnant women, and in all the pregnancy pursued its normal course. In two, very voluminous vegetations were excised from the vulva; and in the other, amputation of the arm was performed. M. Nicaise is of the opinion that the nearer the lesion is to the genital organs, the greater is the danger of abortion.

Amenorrhœa from Lead-poisoning.

Dr. Thomas Stretch Dowse, M. D., Physician-Superintendent to the Central London Sick Asylum, Highgate, writes to the *Medical Times and Gazette*: Of the many known and recognized results of lead-poisoning, I was not aware until the last twelve months that it produced such a decided effect upon the menstrual function of the uterus. Yet it seems to be a not uncommon sequence, and one which no doubt has been fully recognized, but of which I have been ignorant. It is quite true, in the many cases which I have seen of late, there has been functional disease of the secreting glands, in like manner proving pretty clearly that it is a condition due to blood-poisoning rather than from inhibition of any especial nerve-centres. Still, it is a matter of interest and practical importance, for it is not unlikely that lead might be absorbed into the system in various ways: either through drinking-water, leaden combs, or the mere application of lead plasters. There are two well-known places for the manufacture of white lead, viz., at Hollybush Gardens, Whitechapel, and at Hoxton. Here some hundreds of women are employed, and from here my patients are drafted. It seems to be a last resort for these unfortunate creatures, for none of them would seek work at these places if they could find employment elsewhere. In some instances they absorb the lead so rapidly that they are rendered prostrate in a few days, and the majority cannot continue it for more than a month at a time. The baking part of the process seems to be done by women, so they are necessarily exposed to the fumes of this deleterious and deadly agent.

In my experience, it does not affect the nervous supply to the extensors of the forearm or to the muscular coats of the intestines; neither, in many cases, do we find the sulphide of lead along the alveolar margin of the gums, as in the chronic plumbism of painters; so that one must not be taken off his guard by the absence of these well-known signs.

The following three cases, of many others, are typical, and demonstrate the object of the communication:—

Case 1.—E. S., aged twenty-three, married, with one child, has been employed at the lead works for the past eighteen months at six different times, and upon each occasion the normal menstrual flow has ceased, although when otherwise employed it has come on regularly enough. When admitted under my care, in October last, she was extremely prostrate, and suffered from severe gastric and abdominal cramps, constipation, and vomiting. The urine was slightly albuminous, and the skin of a faint yellow hue. She had not menstruated for three months. On January 27 she left the Asylum in good health.

Case 2.—H. M., aged thirty, married, has always had excellent health until two years ago, when she was first employed at the lead works. Before this time she menstruated quite regularly, but so long as she followed this occupation the menstrual flow ceased. Upon giving it up, which she was compelled on several occasions to do, it returned. She has since died of phthisis.

Case 3.—M. G., a woman of dark complexion, sallow and slightly jaundiced; says that she always had excellent health until she sought employment in the lead works some four years ago. In a short time after this, although quite regular previously, she ceased to menstruate. During these four years she has been afflicted many times in a similar way, whenever she returned to the same employment.

The Circulation in Pregnancy.

At a recent meeting of the Metropolitan Branch of the British Medical Association, Dr. Barnes, of London, laid down the following propositions:—

1. There exists in pregnancy a peculiar state of the blood; an increased arterial tension, and a disposition to phlebectasis, general, or affecting particular regions or systems, which may, under certain circumstances, lead to hemorrhagic effusions.

2. These hemorrhagic effusions may be salutary or conservative. Hemorrhages from the mucous membranes, by relieving excess of tension, may avert internal hemorrhages or abortions, or that oppression of the kidneys which results in albuminuria and eclampsia.

3. Hemorrhages from the uterus, inducing abortion, may, in the same way, avert more serious mischief, especially albuminuria and eclampsia.

4. But these hemorrhages, although we may recognize in them a conservative purpose, easily exceed physiological or useful limits, and may themselves induce danger by anæmia.

5. Hemorrhages, from whatever part, occurring in women within the sexual period of life should suggest the probability of pregnancy or of menstrual disorder.

6. The hemorrhages described should be taken as indications to reduce vascular tension. This may be done in some cases by bleeding, general or topical; by purgatives; by salines; by abstinence from stimulants; by regulation of diet; by digitalis; by hydrocyanic acid and other means.

7. Bleeding from the arm may avert abortion, not only by reducing arterial tension, but also by a derivative action determining the direction of the blood from the pelvis to the opening in the vein. This derivative action of bleeding was much relied upon in a variety of cases by Lisfranc.

8. In some cases, where the hemorrhages are frequent and great, and induce serious symptoms, the induction of labor is indicated.

On Disinfection.

The English sanitarian, Dr. Baxter, writes in a late report:—

"Aerial disinfection, as commonly practiced in the sick-room, is either useless or positively objectionable, owing to the false sense of security it is calculated to produce. To make the air of a room smell strongly of carbolic acid by scattering carbolic powder about the floor, or of chlorine, by placing a tray of chloride of lime in a corner, is, so far as the destruction of specific contagia is concerned, an utterly futile proceeding.

"When aerial disinfection is resorted to, the probability that the virulent particles are shielded by an envelope of dried albuminous matter should always be held before the mind. Chlorine and sulphur dioxide are both of them suitable agents for the purpose; the latter seems decidedly to be the more effectual of the two. The use of carbolic vapor should be abandoned, owing to the relative feebleness and uncertainty of its action. Whether chlorine or sulphur dioxide be chosen, it is desirable that the space to be disinfected should be kept saturated with the gas for a certain time, not less than an hour; and this in the absence of such gaseous compounds as might combine with or decompose the disinfectant, and so far impair its energy.

"When the thorough disinfection of a mass of solid or liquid matter, through which a contagium is disseminated, is impracticable, we should guard against giving a false security by the inadequate employment of artificial means. It is probable that all contagia disappear, sooner or later, under the influence of air and moisture, and that the absence of these influences may act as a preservative. When, therefore, we cannot advantageously or effectually supersede the natural process of decay, we must be sure that

we do not hamper it by the injudicious use of antiseptics.

"Dry heat, when it can be applied, is, probably, the most efficient of all disinfectants. But we must be sure that the desired temperature is actually reached by every particle of matter included in the heated space."

When to Tie the Cord.

Dr. Budin, of Paris, made two series of experiments on this question, each comprising a number of observations. In one he did not cut the cord until pulsation had ceased, and in the other the section was made immediately after birth. In both the blood escaping from the placental end of the cord was collected, and it was found that whilst in the first series it amounted to twelve cubic centimètres. in the second it was no less than one hundred cubic centimètres. Dr. Budin concludes, therefore, that it is best to wait until pulsation has ceased in the cord before it is ligatured and cut, because if the section be made sooner the fœtus is deprived of eighty-eight cubic centimètres of blood. Dr. Budin moreover states that the fœto-placental circulation is a completely closed one, and, therefore, in the normal condition of things no blood escapes from the placental tissues externally.

On the Etiology of Gravel.

According to the *Lancet*, near the Vosges, in France, is a watering place, Contrexeville, which has long been celebrated for its alkaline springs. It is much frequented by gouty and rheumatic patients, and has been a fine field for observing the effects of the waters upon these complaints. The Inspector, Dr. Debout d'Estrées, has lately read before the Academy of Paris a paper on the Etiology of Gravel. His investigations have extended over 1028 cases suffering from uric gravel: 822 men, 197 women, and 13 children. In 583 cases he was able to trace the principal cause of the malady; in the others, the causes either were many or could not be ascertained. This principal cause was found to be heredity in 191 cases, bad digestion in 160 cases, over-feeding in 101, a sedentary life and absence of exercise in 95, and severe mental disturbance in 35. One example only was of a traumatic kind, in a child. The author has found, as to heredity, that the parents of a patient suffering from gravel are much more frequently laboring under gravel than gout, contrary to Sir Henry Thompson's opinion. As for phosphatic gravel, M. Debout divides it into primary phosphatic gravel and secondary or catarrhal. With the first we have phosphate of lime, carbonate of lime, a few lithates, and some alkaline phosphates. With the second we have principally ammoniaco-magnesian phosphates. The author has observed the first kind with anæmic individuals and tubercular patients. Secondary phosphatic gravel may be caused—1st, when the urine has been fermenting before it is voided; 2d, when alkalies have been too largely taken, or an exclusively vegetable diet has been used. The author has only observed 47 cases of oxalic gravel: 40 men and 7 women; but it should be observed that, in the microscopical examinations undertaken with the urine of patients suffering from lithic gravel, octahedric crystals of oxalic acid were often observed.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Vital Statistics of County of Hudson, New Jersey for eighteen months, ending December 31, 1875. Death's grim sergeant seems to be arresting almost too many denizens of this district. People in Hudson make it a fashion to conjure with the products of conception, drink themselves to death, or are victimized by small-pox. This county sadly needs a pound of tracts on "a hell to come," a few visits from Gough, and a quire of quills of "Beaugency stock." New-baked doctors should buy a ticket for Hudson at once, if they are in search of a bonanza.

——Addresses delivered at the Fifty-fourth Annual Commencement of National Medical College (Medical Department of Columbian University), Washington, 1876. There are three: the Introductory, by Dr. Welling, president; the Valedictory, by Dr. Dana; and the Oration to the Class, by Professor Fristee, M. D. The latter is an essay on the character of the profession, its demands on the mind, and its conditions of success. It is quite fertile in thought, its spirit resolute, and the advice prescribed practical and tinctured with fair rhetoric.

——"Medico-Legal Evidence of Independent Life in a New-born Child." By J. B. Gaston, M. D., of Montgomery, Alabama. The writer questions the validity of heart-beat as the only or principal proof of vitality, and argues, with ability, respiration as an evidence equally conclusive.

——Fourth Annual Report of Board of Health, District of Columbia, 1875. The customary anathemas are uttered against abattoirs in the city, leaky sewers, the social evil, and a stingy water supply. A charity hospital in Washington has been needed for years; and it is a surprise to us that the founding of such an institution has yet to be urged in print. The registra-

tion shows a low mortality. The method of this report is unusually good.

——Mortuary Experience of Mutual Life Insurance Companies, from 1843–74. The tables are compiled with punctilious exactness; the classification of diseases is after Farrand; the proportions (comparative) are brought out in neatly-colored diagrams.

——RhodeIsland Twenty-second Registration Report, 1874. This table records an increase in births and marriages as contrasted with previous reports, but a smaller death rate. Plurality births were greater, and the percentage of females married between twenty and twenty-five smaller than ever. Consumption was not so rife, while the mortality from diseases of the heart ran high, and scarlatina was more fatal than ever.

——Health Officer's Annual Report, Philadelphia, 1875. The number of births was less (870) than in 1874, and there was a decrease (495) in marriages. The Methodist ceremony seems to be the most popular to tie nuptial knots in the "City of Friends." The largest collection of deaths was in March, the smallest in September. Diphtheria slew more than in previous years, and a rise in fatality was credited to scarlatina. This report is in book form, and the exhibits of the death percentage are alphabetically distributed for each week.

——Western Lunatic Asylum Report, Staunton, Virginia. The number of inmates is given as 356. *Six* of these are noted as "favorable" for recovery, eighteen "doubtful," 332 "incurable." This is a comprehensive way of stating the truth, but the commentary chafes grievously somewhere on the medical treatment or moral supervision. If a spirit of investigation akin to that which is just now relished in political circles could brood over this institution for a few weeks, some of the impediments might be cleared away, and the asylum transformed from a temple of concealment to a house of reform for lunatics.

BOOK NOTICES.

Nature's Power to Heal. By William Canniff, M. D., M. R. C. S. E., Toronto. Delivered before the Canada Medical Association.

This paraphrase of the vis medicatrix naturæ always gives a handle to essayists when they ache to call out or show up their muse. A dissertation on such a text is generally unfortunate. The truth is revered by every scholar. No argumentative application of the text is necessary; no testimony helps to push it to conviction; the author need not try to prove the assertion, as none dissent from it. There is no chance for any novel or sparkling illustrations of the subject; its attributes engage our study every day; they are among our earliest teachings, be they crude or scientific. There can be but one motive that sustains these indefinite confirmations of this theorem—it is to keep us from ignoring, by the lapses of memory, such a power.

Canniff pleads no other justification of his task. By way of introduction, the author disputes the individuality of the two branches of the "healing art," and interlaces them. Canniff disbelieves that specialties are possible, by reason of the close communion between medicine and surgery. The specialization of a branch does not mean its isolation from its neighbors, as Canniff takes it; it recognizes the kinship, but digs deeper into the conditions and laws of the favorite genus. The aurist would feel complimented, probably, if his friends had no faith in his ability to move their bowels, or stitch their wounds.

In medicine Dr. Canniff's precept is, "don't be meddlesome;" lean on nature; legions will get well any how. No person will scuffle with the gentleman on the general soundness of these axioms, but we are persuaded that a buxom attack of bilateral pneumonitis would lower the Doctor's *securities* in the *unknown art*.

Into surgery the author carries the same theory, and cites a few feats of nature's adroitness in repairing her breaches. The last three or four pages tell of the writer's prejudice against the germ-theory of disease. "Rest" is his cure-all in surgical affections. This is no more than a tropic form of expressing what practical surgery studiously imitates, and is not all discarded by Lister's hypothesis.

This author is remarkably careful to make his thoughts lucid and vivid; the ideas are as energetic as the subject will allow, and are dressed neatly; his style is neither loose nor bookish.

The essay courts our applause as a very proper composition, but it is in error when it arouses us to wait on nature, and does not instruct us when to stop "waiting" and commence *working*.

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A WEEKLY JOURNAL,

Issued every Saturday.

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"STATE-SANCTIONED PROFLIGACY."

This is the mild term which is applied to the governmental supervision of prostitution in a pamphlet sent us by the "Moral Education Society" of Philadelphia. The tract bears no name, and no such society is mentioned in the Philadelphia Directory for 1876. Its origin, however, is hinted in the following extract from its first page:—

"By a letter from the Anti-Contagious Diseases Act Society in England, we are implored to increased watchfulness and activity to expose the utter futility and iniquity of legislation on behalf of this 'License System,' inasmuch as it is to be urged, as we are informed, on the State Medical Society to meet in Philadelphia this Centennial year."

The tract contains a long extract from a pamphlet by the Rev. ELIOT, of Missouri, filled with the usual one-sided, and hence untrue statements about the failures of the licensing system in Europe.

Why does he not also quote the successes in the enactments? Because they would upset his arguments? Then he and those who republish his words are dishonest, and deserve contempt instead of respect for their endeavors. Because they are no such successes? Yes, they will say, that is why.

Now, if the "Moral Education Society" believes in telling the truth, and not the half truth (which is no better than lying, in the opinion of many moral educators), will it please to republish, instead of the garbled pleas of a Missouri preacher, the careful article published in the *Medical Times and Gazette*, January 22, 1876, by Mr. FREDERICK W. LOWNDES, M. R. C. S., surgeon to the Liverpool Dock Hospital? This gentleman there gives a series of personal observations of the working of the English laws for the control of prostitution. The following sentence indicates his results:—

"I could add many other proofs of the excellent work which has been done; but I have said enough, I think, to convince most readers that when Sir J. TRELAWNEY called these Acts the most benevolent that have been passed this century, and when Dr. BREWER stated that more good had been done by them in three years than had been accomplished by the united efforts of the religious world in this direction, they were guilty of no exaggeration."

There is no more gloomy evidence of the prevailing Pharisaism of popular religion, and of the mediæval ignorance which exists in our own profession, than the opposition which similar acts have encountered in the United States.

We sincerely trust that the members of the medical societies which meet here this summer will, quite undisturbed by the clamor of the wilfully ignorant and the self-righteous, urge with vehemence the sanitary control of contagious venereal diseases. No one pretends that the best possible plan has been devised to reach this end; no one can deny but that the imperfect plans now in operation in England have done real and great good; and none but the blindly prejudiced will say that we should give up the attempt at reform.

Notes and Comments.

Prescriptions in the Metric Form.

A writer in the *Medical Record* says:—

"If physicians will simply remember that a *gramme* is about 15 grains, or the quarter of a drachm (Troy), and that 30 grammes weigh about an ounce (T.), the thing is done. A few weeks' practice will enable them to *think* in the metric system, and save the trouble of translating their ideas into it. Surely, it is worth while to do this, and to get rid of our present system, in which we have, for instance, ounces of three different weights, viz.: ℥ j. (av.)=437.5 grains, f.℥ j.=455.56 grs., ℥ j. (Troy)=480 grs.

"In writing a prescription by the metric system, the quantity of each ingredient is expressed in multiples or fractions (decimal) of a common unit, which, of course, will be the gramme, thus:—

℞. Hydrarg. proto-iod., 1 gramme
Ext. lactucarii, 3 do.
Ft. pil. No. lx. M.

Or,

℞. Strychniæ sulph.,
Acidi arseniosi, āā, 0.03 grammes
Quiniæ sulph., 2 do
Ext. gen. co. q. s.
Ft. pil. xxx. M.

"I have adopted this plan myself, and would most seriously urge it upon the attention of those who have not traveled the bad old way so long that a new departure is impossible."

Colorado as a Health Resort.

Dr. F. J. Bancroft, City Physician of Denver, Colorado, one of our most enlightened sanitarians, presented an annual report at the close of March, which contains some statements of general interest on the character of Colorado as a health resort. The annual death rate seems almost incredibly low, being but 9.35 per thousand. Of pulmonary diseases he says:—

"Of the 92 deaths from pulmonary consumption, in 85 the disease was contracted outside of our Territory, and in 7 it was contracted in Denver. This disease has steadily increased in this city since 1870, but prior to that time I had never seen a case which had been incurred in Colorado, nor could I learn of any in the practice of other physicians. The increase of this disease must be due either to ill ventilation, accumulated filth, or to an atmospheric change caused by the presence of so many who have visited Colorado for the relief of this malady. I am inclined to the opinion that the first two causes are chief in the production of this disease. It is a well-known fact that the outer posts of civilization have always been free from consumption, and, therefore, the resorts of this class of invalids. It is within the memory of the present generation that the climate of southern Illinois was much resorted to for the relief of pulmonary troubles. Then in turn came into favor Wisconsin, Minnesota, and the plains of Kansas and Nebraska; now these States and places furnish a fair share of the consumptives who come to this Territory. Whether, in these places, there has been any other atmospheric changes than that caused by the miasma created by continued habitation, or whether the changes made in the style and manner of living counteract the recuperative qualities of the air, I am not fully prepared to state; but, whatever the cause of their deterioration as sanitariums, it is very certain that Denver will lose her now pre-eminent repute for healthfulness unless more attention is paid to cleanliness throughout the city."

Skull Changes in Rickets.

Not long since, at a society meeting in London, Dr. E. Bennett showed many specimens illustrating deformities due to the action of rickets, not to congenital causes. These deformities were: (1) inbending of the basilar portion of the occipital bone round the foramen magnum; (2) a diaphanous condition of the occipital bone; (3) a marked obliquity of the base of the skull; (4) great weight of the skull; and (5) the formation of a ring of bone round the articulating surfaces of the cervical vertebræ in elderly subjects. Craniologists should note these pathological changes, as they are at times deceptive.

Powder for Producing Ozone.

In order to produce artificial ozone, Mr. Lender makes use of equal parts of peroxide of manganese, permanganate of potash, and oxalic acid. When this mixture is placed in contact with water, ozone is quickly generated. For a room of medium size two spoonfuls of this powder, placed on a dish and occasionally diluted with water, would be sufficient. The ozone develops itself; it disinfects the surrounding air without producing cough.

Dietetic Value of Water-cress.

If Americans would eat more freely of soups and salads, and give pies and hot bread the go-by, dyspepsia would be less frequent. One of the best of the spring salads is water-cress. According to a recently published analysis by M. Chatin, Director of the School of Pharmacy of Paris, and present President of the Academy of Medicine, water-cress contains: 1, a sulpho-nitrogenous essential oil; 2, a bitter extract; 3, iodine; 4, iron; 5, phosphates, water, and some other salts. As medicine, the water-cress has been vaunted for its efficacy in all cases in which the digestive organs are weak, in cachexia, in scurvy, in scrofula and lymphatism; it has even been prescribed as a cure for phthisis. The medicinal principles which it contains are more or less abundant according to the culture or maturity of the plant. Thus, when the plant is in flower they are in greater quantity in the plant than before that condition; the essential oil increases according to the quantity of the sun's rays it receives. The proper culture of the plant develops in it the bitter and tonic principles, and the phosphates will be found in proportion to the manure employed. Finally, the quantity of iron will depend upon the richness of the water in which the cress is planted. As food, water-cress ought to be used in its green or uncooked state, in the form of salad, or without any seasoning.

The Milk-weed in Dropsy.

The milk-weed recommended in dropsy, by recent writers, is not the *Apocynum cannabinum*, sometimes vulgarly so called, but the *Asclepias syriaca*. All the species of *Asclepias* appear to possess decided medicinal properties, and their closer study were desirable.

Correspondence

Lusus Naturæ.

Ed. Med. and Surg. Reporter:—

On the 13th of March, 1876, I was called professionally to the wife of Semp Perry, a negro, who said she had flooded all the previous night. I found, lying in the vagina, an embryo or fœtus, of three or more months, which I at once removed, and also the placenta immediately afterward, when the hemorrhage was arrested, she having previously taken ferric alum. But what is most remarkable about this case, and which caused me to think it worthy of being reported through your journal, is that the embryo was a *monster*. The head and face of this monster were natural; but the neck was very large. The abdomen tapered from the chest to a very small size, and was prolonged about two inches below the junction of the pelvic extremities with the pelvis. The lower prolongation swelled out into a pear-shaped sack, larger than the trunk of the embryo, and from the lower portion of this sack the umbilical cord made its exit. The scapulæ were placed on the sides of the chest; the arms attached more anteriorly than natural, and when the arms were flexed the elbows pointed anteriorly. The pelvic extremities flexed upon the dorsal surface of the embryo instead of upon the abdomen, the knees and feet pointing posteriorly. So that, when suspended by the head, the humeral bones pointed to the front, while the femoral bones pointed backward, as the limbs retained their semi-flexed position. No external generative organs were visible. The heart, lungs and abdominal organs, except the liver and intestines, were in their proper positions in the trunk; but the liver and intestines were enclosed in the large sack which hung, as it were, below the perineum.

The father of this embryo voluntarily told me that his grandfather was knock-kneed and had his hands and feet turned backward, walking on the back of his feet. Could this case of monstrosity have been inherited from the third generation back? Very respectfully,

M. J. D. Dantzler, M. D.

Orangeburg, S. C., April 29, 1876.

Treatment of Mammitis.

Ed. Med. and Surg. Reporter:—

Permit me to make a few remarks concerning the treatment of inflammation of the breast of females, after an experience of thirty years. The first fifteen years of practice, I used belladonna poultices, and so forth. Now and then I would have a suppurating breast; and in cases that did not suppurate, it would require from six to ten days to subdue the inflammation.

In the last fifteen years of my practice I made no other applications than cold water and muriate of ammonia. Two ounces of muriate of ammonia to a half gallon of cool water. Where ice cannot be had, I put the solution in a tin bucket, and this bucket I place in another one of cool water, so as to keep it at a low temperature (in city practice ice may be employed); I then take two pieces of cotton goods, each about twenty inches square, and double each one four times, and then cut a hole in the centre, about two inches in diameter, so as to protect the nipple, and these I dip in the solution, and apply to the parts affected; removing every twenty minutes, to immerse anew in the solution. This I continue till the inflammation is subdued, which generally requires from one to three days.

Since I have used this application I have never had a suppurating breast. When I meet a patient who has a dread of cold water, the first few applications I make with water not quite

milk-warm, the next a little cooler, and so on, till the cold solution is applied.

I have never seen any injurious effects result from the application of cold water to the female breast. At the same time, I have the milk drawn out every four or five hours.

For internal treatment, I give from five to ten grains of the submuriate of hydrargyrum, and if it does not operate in five hours I order salts, or oil, or magnesia, to cause it to do so. I also give eight grains of nitrate of potassa, every five hours, in water, and at the same time I apply to the nipples a solution composed of subnitrate of bismuth and glycerine, and apply it every time after the child is done with the nipple. Respectfully,

Lafayette, Ind. C. B. KEIPER, M. D.

The Constitutional Treatment of Joint Diseases.

ED. MED. AND SURG. REPORTER:—

Will you permit me to say, through your columns, in reply to the letter of my distinguished friend, Prof. Sayre, in your number of this date, that from the report of a clinical lecture by Prof. Sayre, published in the Philadelphia *Medical Times* for April 11, 1874 (p. 440), I was led to infer that he under-estimated the value of constitutional treatment in cases of chronic joint diseases; and that I am very glad to have drawn from him the distinct statement that such is not the fact.

Very respectfully,

JOHN ASHHURST, JR., M. D.

2000 *West Delancey Place, May 13th*, 1876.

NEWS AND MISCELLANY.

Health and Temperature of Philadelphia.

Wm. Pepper, M. D., medical director of the International Exposition, has just issued a circular regarding the health of this city, which is designed to call attention to the unusual sanitary advantages of Philadelphia, and to the preparations made to insure the highest possible degree of healthfulness during the Exhibition season. It is proposed to issue at certain intervals other circulars, announcing the sanitary condition of the city, so that entire security may be felt. The following statistics, which have been obtained from the most authentic sources accessible, represent the mortality in some of the chief cities of the world during the past four or five years:—

	No. of Years	*Average Population*	*Average Total Mortality*	*Average death rate per 1000*
Vienna.....	5	648,560	20,424	31.42
New York...	5	994,458	29,601	29.93
Berlin.....	4	950,009	28,420	29.91
London.....	5	3,284,488	76,741	23.33
Paris.....	4	1,851,792	42,724	23.06
Philadelphia	5	744,831	16,573	22.27

While thus showing an average rate of mortality more favorable than that found in any other city containing over 500,000 inhabitants, Philadelphia has recently (1874) attained a degree of healthfulness almost unparalleled, viz.: with a population at that time of 775,000, the number of deaths was but 14,966, giving a death rate of only 19.3 per thousand. These very favorable results are largely due to the abundant and cheap water-supply, and to the opportunities given, even to the poorest citizens, for the enjoyment of pure country air in the great Fairmount Park, which contains 2991 acres. The extent to which this is valued by the citizens may be inferred from the fact that during the year 1875 the Park was visited by over eleven million persons.

The most powerful influence of all, however, is the absence of that overcrowding of the population, which is the most fruitful source of sickness and death in many quarters of nearly all other large cities. This will be more clearly comprehended when it is remembered that the 817,488 inhabitants of Philadelphia are spread over an area of 129½ square miles, which are traversed by more than one thousand miles of streets and roads; and that the city contains, in addition to other kinds of buildings, 143,000 dwelling houses occupied by families, a number exceeding by over 40,000 that of any other city in America.

The climate of Philadelphia is also, on the whole, a favorable one, although presenting many of the peculiarities common to inland localities. The mean annual temperature of the last ten years is 53.73° Fahr.; the average annual rain-fall is about forty-five inches.

The following table exhibits the mean temperature of each month for the past ten years, showing that the range is far less extreme than is found in many other less favorably situated localities:—

MEAN TEMPERATURE (FAHR.) OF EACH MONTH DURING THE PAST TEN YEARS.

Jan'y.....32.7°F.	May.....63.24°F.	Sept.....67.72°F.	
Feb'y.....33.12 "	June.....73.54 "	Oct.....56.03 "	
March....39.16 "	July.....78.74 "	Nov.....43.34 "	
April.....53.36 "	August...75.92 "	Dec.....33.92 "	

It is thus seen that only during the months of June, July, and August does the mean temperature rise to a high point. During this period there are very rarely any prevailing epidemic diseases; and the chief mortality occurs among children, especially among the poorer classes.

The health of Philadelphia at present is unusually good. Timely efforts have been made to secure an abundant water-supply to meet the great increase in the demand which must be expected this summer as compared with previous years. Constant watchfulness will be exercised by the authorities to maintain cleanliness, and to avoid or remove every possible cause of disease.

Within the Exhibition grounds a rigid sanitary inspection will be maintained, under the control of the Bureau of Medical Service; and thus a guarantee will be afforded that no cause

of infection or disease will be allowed to occur through neglect of this important duty.

Meetings of the American Social Science Association in 1876.

A conference, to which all members of this and of kindred associations are invited, will open in Philadelphia, at the College of Physicians, on Wednesday, May 31st, 1876, and continue for three days. The first session will commence at eleven A. M., May 31st, Henry C. Lea, Esq., of Philadelphia, presiding; and reports will then be presented by F. B. Sanborn, General Secretary, by Dr. Elisha Harris, and others, which will be generally debated. At three P. M., Dr. John H. Packard, of Philadelphia, will read a paper on "The Training of Nurses." At five P. M. a paper will be read by Dr. Edward C. Mann, of New York, on "State Medicine in its Relations to Intemperance and the Inebriate." In the evening of Wednesday, papers will be read and discussed by gentlemen of Philadelphia, on "Building Associations and Homes for the People in Philadelphia," which will be fully debated.

On Thursday, June 1st, at ten A. M., Dorman B. Eaton, Esq., of New York, will give an address on "The Utility and the Best Method of Organized Action for Improving Municipal Government;" at twelve o'clock, Lorin Blodgett, Esq., of Philadelphia, will read a paper on "The Administration and Evasion of Customs Laws;" and at three P. M., Professor Thomas C. Archer, of England, will read a paper on "International Exhibitions." Thursday evening will be devoted to a social reunion.

On Friday, June 2d, the forenoon session will be given to general conference and debate upon subjects to be announced hereafter; and this will be continued in the afternoon, if necessary.

The yearly general meeting of the Association will take place at Saratoga, commencing September 4th, 1876, and continuing five days. The President of the Association, David A. Wells, will preside. A Conference of Charities will be held in connection with the Saratoga meeting, commencing September 5th, and continuing three days, at which Governor Tilden, of New York, is expected to preside. More definite announcements concerning these meetings will be made at the Philadelphia Conference. For the Committee of Arrangements.

F. B. SANBORN, *General Secretary.*

5 *Pemberton Square, Boston, April* 29, 1876.

The United States Hospital for the Insane, Washington.

We take much pleasure in reproducing the following remarks from the *Public Ledger* of this city:—

In the matter of the charges against the United States Hospital for the Insane, near Washington, the "developments" so freely scattered for publication over the country seem to have been patterned on the developments in some other committees in Washington, here and elsewhere. Two of the witnesses were highly nervous, excitable and imaginative persons, and the strongest swearers among the others were former employees, discharged for misconduct. As far as competent disproof can go, the whole of their charges have been refuted, and Dr. Nicholls and the establishment of which he is Superintendent have been vindicated. But what compensation is this for a reputable professional man, whose good fame has been aspersed all over the country, and who has been put to the serious cost of engaging expensive counsel and wasting his time to protect himself from the "testimony" of the sort of witnesses raked up now-a-days, who "know" so much about matters that they have no knowledge of at all?

Native Mexican Midwifery.

Dr. Thom, Jr., writes to the Virginia *Medical Monthly*:—

I find that the following is the way in which a regular Mexican midwife performs her duty: A rope is suspended from the ceiling. Under the loose end of this a folded blanket is placed, on which the woman kneels and grasps the rope, arms extended. Behind her is placed a strong man, with his arms around her waist, while in front sits the midwife, with both hands against the perineum. When a pain comes on, the woman pulls on the rope, the man squeezes, and the midwife bears against the perineum, which she at the same time strokes from behind forward. After the child has been thus squeezed, shaken and jolted out, the woman is then put to bed and arranged in the sitting posture, with a sheet around her waist, in which is wrapped an ovoid lump of horse manure, baked, cooled, and packed into this shape. This horse manure is supposed to have the virtue of keeping the blood in its neighborhood.

The Lawrence County (Pa.) Medical Society

Met in New Castle, Pa., on the 18th ult., for reorganization. Dr. R. D. Wallace was elected President; Dr. D. Cunningham, Vice-President; Dr. M. P. Barker, Secretary; and Drs. Pollock, Wood and Blackwood, Censors.

An adjourned meeting was also held on the 9th inst., at which time Drs. D. Cunningham, J. H. M. Peebles, and Mont. Linville were elected delegates to the State Society.

The following resolutions were adopted relative to deceased members:—

Whereas, it has pleased an inscrutable Providence to remove by death Dr. Seth Poppino, of New Wilmington, and Dr. J. B. Reinholdt, of New Castle, late members of this Society, therefore

Resolved, That, as their associates, we are called upon to mourn the loss of members whose integrity of character and assiduity in their

profession has always commanded our admiration and confidence.

Resolved, That a copy of these resolutions be transmitted to the families of the deceased, and also be recorded in the minutes of the Society.

As we have a large number of new recruits to the medical corps of this county, it is to be hoped the Society will prosper better in the future than it has done in the past.

M. P. Barker, *Secretary.*

The Northwestern Ohio Medical Association

Will meet at Fostoria on Wednesday and Thursday, the 24th and 25th of May, 1876.

Dr. E. Williams, of Cincinnati, President of the Ohio State Society, will deliver an address on Wednesday evening, the 24th.

Several interesting papers and clinical cases are promised.

Volunteer papers and reports of cases will be heard from any one who may choose to offer them.

F. W. Firmin,
Secretary N. W. O. M. A.

The Centennial Exposition

Opened on the 10th inst., as all the world were informed. The articles for display were by no means all unpacked, and a few weeks will elapse before they can all be properly placed. We have made arrangements to obtain full reports, from able hands, of all features connected with medicine and the allied sciences.

Among other incidents of the opening day, the number of casualties of different grades occurring on the grounds was quite a feature, though, in consequence of the existence or location of the Centennial Medical Department not being generally known to the public, the greater number of these were not reported. This department, at the building in the neighborhood of the Judges' Pavilion, is provided with ample medical and surgical accommodations.

The "Florida Cough."

The New York *Gazette* has the following hit:—

The most popular fashionable affectation among young ladies ravenous for social notoriety is the "Florida cough," which is regarded by those who have been abroad as a fine substitute for "Roman malaria," so fashionable a few years ago. The Southern malady is supposed to be contracted sitting on the piazza of a Magnolia or Jacksonville hotel, flirting and eating oranges alternately. Those who have never been near either place suffer dreadfully from the disease.

—Dr. William W. Hall, editor of *Hall's Journal of Health*, fell in a fit, in the street, in New York, on the evening of the 10th inst., and expired in a few minutes. Dr. Hall was 63 years old, and the cause of his death was not known.

Personal.

—Dr. F. M. Stringfield, of Topeka, Kansas, is spoken of as the nominee for Lieutenant-Governor of that State.

—Dr. A. G. L. Maurer, a prominent physician of Dauphin county, Pa., was run over by a train, while walking on the railroad at Lykens, and so badly injured that he died soon after.

—News has been received at Boston of the death of Dr. Henry S. West, medical missionary of the American Board at Sivil, Turkey, on the 2d of April.

— Dr. Rufus A. Cobb, of Minot, Maine, has been arrested on the charge of murdering Mrs. Eliza Caldwell, by criminal malpractice.

—Mr. James Boyland, father of Dr. Halsted Boyland, of Baltimore, died at his residence, "Summit," New Jersey, of organic disease of the heart, on April 9th. Mr. Boyland was a native of New Jersey, and in 1844 married Miss Halsted, of that State. Deceased was 58 years of age.

—Dr. George F. Roberts, of Lacon, Illinois, was assaulted by an unknown man, while visiting a patient, on the evening of April 22, and most seriously injured.

—The *Gazetta Medica Lombardia* announces that Prof. Schiff has resigned the chair of Experimental Physiology which he so worthily and laboriously filled at Florence. His departure is not only a blow to science, but to common sense and true philanthrophy.

Items.

—An Englishman who insulated his bedstead by placing underneath each post a broken-off bottom of a glass bottle, says that he had not been free from rheumatic gout for fifteen years, and that he began to improve immediately after the application of the insulators. A local paper quoting this item wisely adds: "There's many a fellow who could cure his gout, if he would break off the bottoms of his glass bottles in time."

—There can be little doubt but that the so-called "plague" now approaching from Asia, is the genuine *typhus bubonicus*, or "black death."

Advices from Bagdad state that from the 16th to the 22d of April the number of deaths from the plague were 336. At Killah, during the same period, there were 159 deaths from the same disease. All vessels approaching Odessa from the Turkish ports on the Black Sea, are forced to undergo quarantine.

QUERIES AND REPLIES.

Toxic Effects of Gelseminum.

Mr. Editor:—Will you, or some of your numerous readers who may have experience in the use of the drug, please state which is considered the best treat-

ment of the toxic effect of gelseminum, supposing the physician to be called too late to evacuate the stomach with any hope of success. J. M. D., of Pa.

Lin. Ammon. Iodid.

Dr. S. F. N., of Ohio.—The following is Dr. Gazzo's formula for the above:—

R.	Iodin.,	drachms iij
	Ammon. iodid.,	drachms ij

Rub in a glass mortar and add—

Chloroform,	ounces x

When dissolved, add—

Ol. olei,	ounces x
Glycerin,	ounces v.

Mix well.

Dr. J. S. B.—On catarrhal pneumonia, see MEDICAL AND SURGICAL REPORTER, vol. XXXII, pp. 246, 271. Also Ziemmsen's *Cyclopædia*, vol. IV, pp. 365, 402.

OBITUARY.

DR. T. H. BUTTERFIELD.

Dr. Butterfield was born near Livermore, Westmoreland Co., Pa., April 9, 1841, where he lived with his parents until the commencement of the late war. In October, 1861, he enlisted as a private in the 11th Reg., P. V., R. C. On the advance of the army, in May, 1862, being sick, he was sent to the hospital at Annapolis, Maryland, and when convalescent he was appointed hospital steward. In November, 1862, he returned to his regiment as regimental steward, and served in that capacity until the expiration of his term of service. He then began to read medicine with Dr. M. R. Banks, and after attending lectures at Jefferson Medical College, Philadelphia, during four successive sessions, he graduated at that institution in 1870. He then located in the 12th Ward, Pittsburgh, where he soon secured a large practice. His death occurred February 20.

DR. JOSEPH ROGERS

Died in Springfield township, Fayette Co., Pa. Dr. Rogers was born in New Haven, Fayette Co., October 16th, 1798. His medical degree was received from the University of Pa. For more than fifty-five years he practiced medicine; for a time in Ligonier, then in Connellsville, and from 1841 at Fayette Furnace, near Springfield. Exclusive of gratuitous visits and other riding, his visits for which charge was made show that he traveled more than two hundred thousand miles on horseback. He was not only a skillful physician, but "a noble man and a Christian gentleman, a true friend to the poor and distressed, honored and loved as a physician throughout his extensive practice."

DR. JOSEPH CRAIN.

On the 18th of April, at his residence in Hogestown, Cumberland county, Pa., Dr. Joseph Crain, in the seventy-third year of his age. Dr. Crain, son of the late Colonel Richard M. Crain, was born at Lancaster, on December 25th, 1803. Educated at Dickinson College, and one of the oldest graduates of the Jefferson Medical College, Philadelphia, he entered upon his profession early in life, with a clear mind and unswerving resolution to master its difficulties, and soon became one of the leading physicians of his county—a position he occupied for forty-six years, and until his death.

MARRIAGES.

BALL—GOODE.—April 27, at the residence of the bride's parents, Staunton, Va., H. C. Ball, of Richmond, and Susie P., daughter of R. H. Goode.

CARLETON—OLMSTED.—In New York city, at the residence of the bride's parents, on the 3d instant, by Rev. William Adams, D. D., assisted by Rev. William J. Tucker, D. D., Robert M. Carleton, M. D., of Whitinsville, Mass., and Kate Hyde, eldest daughter of Henry Olmsted.

CHAMBERLAIN—CUMMINGS.—On Thursday, May 4th, 1876, at the Morrisania Presbyterian Church, by Rev. Lawrence P. Cummings, father of the bride, assisted by Rev. James Morton, George W. Chamberlain, M. D., and Hattie L. Cummings, all of New York.

HARTT—HARTT.—In New York city, on Thursday, April 27th, at the Church of the Holy Trinity, by Rev. S. H. Tyng, Jr., D. D., George Le Baron Harrt and Maggie, daughter of Henry A. Hartt, M. D.

HIGGINS—CRANE.—In Brooklyn, N. Y., Wednesday, April 26th, at the residence of the bride's father, Thomas Higgins and Bessy Hartwell, daughter of James Crane, M. D.

JONES—POTTER.—In Avondale, Ohio, April 23d, by the most Rev. Archbishop Purcell, Dr. John Davies Jones and May Cecilia Potter, daughter of the late M. D. Potter, of this city.

KETCHUM—JONES.—In New York city, Saturday, April, 29th, by Rev. William Adams, D. D., Landon Ketchum and Isabella L., daughter of the late Silas Jones, M. D.

LEET—LADD.—In Trinity Church, Claremont, Vt., April 19th, by Rev. I. G. Hubbard, D. D., Clarence M. Leet and Minnie A. L., only child of Dr. W. M. Ladd.

POTTER—MARSHALL.—On the 26th instant, at St. Mark's Church, Philadelphia, by the Rev. E. A. Hoffman, D. D., Thomas Clifford Potter, M. D., and Mary Marshall, daughter of Moro Philips, Esq.

WHITE—JOHNSON.—On the 11th instant, at the residence of the bride's parents, William J. White, of Beverly, N. J., and Miss Lucia B., daughter of Dr. George Johnson, of Buffalo, N. Y.

DEATHS.

MITCHELL.—In Cincinnati, Ohio, Mary Reamy, wife of Dr. Giles S. Mitchell, and only child of Dr. Thad. A. Reamy, of that city, aged 21.

NICOLL.—In Cincinnati, Ohio, on Tuesday morning, April 25th, Hannah M., wife of Dr. S. B. Nicoll, of Shelter Island.

PETUS.—De Witt C. Petus, M. D., late Surgeon United States Army, on Saturday, April 22d, of consumption, in the 47th year of his age.

ROWAND.—In this city, on the 5th instant, Imogene, daughter of Dr. J. R. and Sophia G. Rowand, in the 16th year of her age.

RICH.—On April 23d, at No. 326 Lexington avenue, Brooklyn, of diphtheria, Jane A. Rich, M. D., formerly of Burlington, Vermont.

SMITH.—In Brooklyn, New York, on Thursday morning, April 21st, Horatio S. Smith, M. D., in the 56th year of his age.

SPAULDING.—In Dorchester, Mass., April 16th, Edward R. Spaulding, M. D., a native of Brattleboro, aged 31.

SUMNER.—On Sunday, April 30th, Carrie, oldest daughter of Dr. Albert E. and Louise Beers Sumner, aged 7 years.

UNZICKER.—At his residence, 410 Freeman street, Cincinnati, Ohio, April 18th, 3.45 P. M., of apoplexy, J. S. Unzicker, M. D., aged 63 years.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1004.] PHILADELPHIA, MAY 27, 1876. [VOL. XXXIV.—No. 22.

ORIGINAL DEPARTMENT.

LECTURE.

STRICTURE OF THE URETHRA.

A Clinical Lecture by F. F. MAURY, M. D., Surgeon to the Philadelphia Hospital.

REPORTED BY CHARLES WINSLOW DULLES, M. D.

GENTLEMEN:—This man, aged thirty-five, comes before us with some urinary difficulty, which we suspect to be a stricture of the urethra. The first thing I will do will be to have him lie down between blankets, so that he shall be kept as warm as possible, with his shoulders elevated by pillows, and his knees drawn up. Such a position is the easiest in which to explore the canal, and the best to observe, until experience shall warrant your modifying it at your own discretion. His body is covered with a blanket, and another one protects his legs, and between these I can get at the region about the penis.

Now, in reply to questions I ask, he tells us that he has no water in his bladder; that he made water about ten minutes ago, voluntarily, and not on account of nervousness about coming into the clinic; that he also made water about a half hour prior to that. This point of nervousness you must never lose sight of, for it is important. Many a man cannot urinate if he knows any one is looking at him, and you are aware how irritable are the bladders of medical students when about to be examined. So don't forget to make allowance for the influence it may have upon the action of a patient's bladder.

The man tells us, also, that he passes water about once every hour during the day, and once every half hour at night. So he does it about thirty-six times in twenty-four hours. I need scarcely say this is much too often. I think a man should empty his bladder about six times in twenty-four hours. He should never feel a strain upon it, or be painfully aware of its existence. In the normal condition, the mucous membrane tolerates healthy urine in moderate quantity without any sensation; but if the urine cannot be freely voided, or if from any cause it be retained long enough for the salts to be precipitated, the bladder resists and becomes irritable. Then it will act often, and with undue violence. Such is the result of stricture of the urethra; and then usually follows hypertrophy of the muscular coat, just as in a blacksmith the biceps is excessively developed by excessive use. An enlarged prostate may produce the same effect; but you would scarcely expect such a cause in a man of thirty-five. A calculus might do the same, but there is none in this case.

Now I will explore the urethra. I tell the man to breathe through his mouth, so as to prevent his straining; and, taking a Sir Henry Thompson's bougie, No. 20, well oiled and moderately warmed, I insinuate it into the meatus urinarius. Not that I expect to pass it into the bladder, but because a large instrument should be used for the first exploration. The instrument glides gently downward for about an inch, and then meets a slight obstruction. Applying the least possible pressure, it slips through, and I feel something tear. Observe, I used no force. My rule is, if no good is done, at least to do no harm. You might ask if I am not afraid to make the little laceration which I have made, the evidence of which is seen in these few

drops of blood? I say, "No!" If it were low down, below the spongy portion, I should be afraid of making a false passage; but not here. As it is, I have not given any pain, nor used any undue violence. There is no need to use ether; and I rarely have recourse to it. Acting gently, kindly, and delicately will save you many an embarrassment, and secure the confidence of your patients. Now I find another constriction, which resists the gentle pressure I make, so I take a No. 17, which passes through to the bladder. I know that it has safely arrived, because the handle takes a position with its flat surfaces looking directly upward and downward, and I find the curved part can be freely swept round in the bladder. This motion could not be possible if the instrument were anywhere else.

At this point I complete my examination of the patient by inserting my finger into the rectum. In doing this, always see that your finger has no hang-nails or sores upon it, and that it is well oiled, because it would be easy to contract syphilis, if it existed in the patient, were these precautions neglected, not only in hospital, but also in private practice.

I coax the finger in with a gentle rotatory motion, and find, to my surprise, a very much enlarged prostate. This is quite uncommon in a man so young, and proves the importance of not neglecting to be thorough.

I now take larger instruments, and pass successively No. 18, No. 19, and No. 20. The last is the one which failed in the first instance; but the stricture has been gradually dilated, until it passes with little difficulty. This process of "gradual dilatation" is the safest, easiest, and most readily accomplished by young practitioners. It is the one I would recommend you to use, remembering always that every operation upon the urethra, however simple, may give rise to a fatal result. The simple passing of a sound has been followed by death, at the hands of some of the most eminent surgeons that have ever lived. Therefore, you must always use the utmost caution, seeing that your patients are in as good condition as is possible, that they suffer no unnecessary exposure, and that each act of your own is undertaken with the greatest care.

For our patient, I shall order three grains of quiniæ sulph. ter die, the avoidance of all stimulants, and the use of large diluent drinks. He shall receive a quart of barley water daily, to each tumblerful of which a drachm and a half of spirits ætheris nitrosi shall be added. Less than this quantity, I think, does no good. Nor would I use any stimulating or mineral diuretic.

Because he has an enlarged prostate gland, I will order a warm hip bath daily, and, if necessary, a half dozen leeches to the perineum. The use of sounds will be renewed after a few days, and continued for some time, with gradually increasing intervals, after the urethra has been dilated to such a calibre as shall seem expedient. When he goes away from us, he will be given an appropriate instrument, and taught how to use it, so that he may prevent the recurrence of this stricture. In this way only can he be sure to avoid having again the same trouble he has now.

COMMUNICATIONS.

COMPOUND COMMINUTED FRACTURE OF THE FOREARM—MORTIFICATION, FOLLOWED BY A LOW STATE OF THE PATIENT—AMPUTATION.

BY J. V. SHOEMAKER, A. M., M. D.,
Of Philadelphia.

On a certain Tuesday in July, Dr. T. A. McRean was called to see a young man, Horace C., twenty-five years of age, who had been run over by a passenger railway car the previous Tuesday, and had the right forearm crushed near the wrist. The particulars of the accident, as well as could be collected, are as follows:—

Horace C. had charge of Mr. Gould's furniture store, Second and Spruce streets. This Tuesday morning, a furniture car was standing at the door, ready to start, being loaded with goods. Horace, thinking the furniture was not well secured on the car, tried to place it in the proper state; in doing so, he placed one foot on the hub of the wheel, and the other on the spoke, pulling the cord tighter. While in the act, the cord broke, and he fell under a passing street car. A crackling noise followed, which he thought was on the pavement, having no idea he was hurt. The left hand had to be used in raising the right, but still he did not imagine the right was much injured. A homœopathist was called, who examined the arm, said it was not fractured, and applied splints, saying he would call the next morning. The next day the patient grew worse, and being unable to leave the house, a doctor was summoned. For

two or three days this physician attended him, but his condition becoming alarming to the family, they called in a surgeon. He found the parts in such a condition that he could give them no hope.

The Monday following the accident, Dr. McRean the family physician for more than twenty years, was called in. He informed the family there was very little hope for the patient, as the arm was gangrenous above the elbow. Beef tea, milk punch, iron, and quinine were ordered to be freely administered from time to time. The doctor said the case was almost a hopeless one, and he desired a consultation. To this they willingly assented, and the following day, Tuesday, one week from the time of the accident, Prof. William H. Pancoast and Dr. McRean met in consultation, to examine into the condition of the patient, and to decide what was best to do. I was present at the examination and consultation, and it appeared as if the hand of death had already touched the patient, so low and exhausted was his state. He had a cadaverous appearance; the skin was clammy; pulse weak, and breathing hurried; gangrene had set in, involving the arm from the fingers to three or four inches above the elbow joint, and the odor given off from this putrefied mass was so offensive that the family were hardly able to endure it. On entering the house by the front door, the moment it opened the peculiar and disagreeable smell of *gangrene* could be distinctly recognized.

The inflammation appeared to be rapidly extending to the adjacent parts. The inflammatory condition had involved the shoulder, the axillary glands, and somewhat discolored the upper portion of the right side of the chest. The superficial fascia of the upper portion of the shoulder, and even the chest, were puffy and distended with gas. The pectoral muscle stood out, giving a round and rotund appearance to the shoulder and chest, and forming quite a contrast with the opposite side. Dr. Pancoast then made several incisions in the upper part of the arm, near the shoulder, like a Spanish sleeve, the gas rushing out with a hissing noise. This relieved the distended and congested appearance of the tissues, and the parts now began to look more natural.

In opening the arm below the joint, the parts just beneath the skin were found to be filled with an immense number of maggots. Oil of terebinthinæ was then freely applied, which destroyed the maggots.

Dr. Pancoast thought the case a very unpromising one, and determined not to operate until the patient's system could respond properly to the treatment. The tonic and sustaining treatment was kept up from day to day, with a slow but marked improvement in his condition. In the course of twenty-four hours he had taken the essence of three pounds of beef, thirty ounces of cream, and ten of brandy. With the gain in strength his spirits rapidly improved. Ten-grain doses of chloral, repeated every hour, were given at night, which induced sleep.

The clammy skin, hurried respiration, weak pulse, and the congested, livid and gaseous state of the shoulder and chest, in one week from the time Dr. Pancoast had seen the patient, had all disappeared, and, instead, he now had a moist and healthy state of skin, good pulse, and had rallied very much. Although urged every day by the patient, his family and friends, to operate and rid him of the dead and offensive arm lying at his side, still Dr. Pancoast would not remove it until he thought there was a chance of saving the patient's life. In his former condition it would have been sure death to have removed the arm at the shoulder joint, as the tissues were all diseased below, and he could not have borne the shock. After thus waiting, and carefully watching the patient until he had regained enough vital force to bear the shock of an operation, Professor Pancoast, one week from the day he was called, decided to operate.

All being in readiness, ether was cautiously administered, while the dead limb was bandaged from its extremity to the line of demarcation. The brachial artery at the same time was compressed by the tourniquet, managed by a skillful assistant. Dr. Pancoast then grasped the soft parts about nine inches below the shoulder joint, and passed his knife around, making skin flaps down to the line of demarcation between the gangrenous and healthy tissue, in order to save all the soft parts possible. About two inches above this line a circular incision was made, through the flabby muscle, down to the bone. The soft parts were then drawn back, with the three-tailed retractor, by the assistant, and the periosteum being peeled up, the bone was quickly severed with the saw. The brachial artery and its branches were secured, and the median and ulnar nerves were retrenched above the line of section through the muscle, so as to insure the ends from being caught in the cicatrix: if this precaution

is neglected the nerves are liable to be thus caught, causing inflammation and neuromatous tumors. Exquisite pain and excessive sensitiveness of the stump often follow, rendering it useless, and the life of the patient almost worthless by suffering.

The oozing still continuing from the bone and muscular tissue, ligatures were applied around some of the tissue, and soap styptic freely rubbed over the surface, at the same time leaving it open to fresh air, a very good styptic in itself. The bleeding soon ceased, and the flaps were brought nicely together with sutures of black sewing-silk, well waxed, much used in surgical dressings by Dr. Pancoast in his clinical and private practice. Black sewing-silk is especially good in approximating delicate surfaces, as in parts about the face. Being black, it is very easily found. It is better borne by the flesh, and being so delicate in texture it makes very little of a seton, and will remain in longer without causing ulceration. The parts were dressed with adhesive strips and patent lint spread with benzoated oxide zinc ointment, flavored with carbolic acid. The patient was then placed in his bed, and given one-half grain of morphia, hypodermically. Beef-tea, broths, and quinine, with a small amount of stimulants, were ordered. The day after the operation the patient was much improved, and continued daily to grow better, the wound suppurating freely by the opening left for drainage at the side of the flaps, until the fifth day, when the wound was dressed for the first time since the operation.

In two weeks from the day of the operation the patient was sitting by the window enjoying the change and pleasant weather. The third week he was out driving in the Park, and now he has resumed his active occupation, having a useful stump eight inches in length.

MELANO SARCOMA OF THE RECTUM.

BY GEORGE HALSTED BOYLAND, M. D., M. A.,
Of Baltimore, Md.

The following interesting case occurred in Paris, in the practice of one of the *externes des hôpitaux*:—

Athénais O., 54 years of age, housekeeper, entered the hospital of "la Pitié," in the clinic of Prof. Laségue, on October 8th, 1875. She was afflicted with cancer of the rectum, according to the physician who had recommended her. There is nothing hereditary about this patient, and her father and mother still live. For the period of a year her digestion has been impaired, but she never vomits her food; and during the same time she has had alternations of diarrhœa and constipation. Four months ago she had several hemorrhagic stools, and she has since lost strength very rapidly. Soon after she entered the hospital we detected very easily a tumor about five or six centimètres from the anus, quite hard, and growing on the posterior wall of the rectum. We cannot reach the upper limit with the finger. Little by little the general condition becomes more grave; the anorexia increases; a severe diarrhœa, with violent colics, continue to exhaust her; there is no œdema on the lower extremities. The patient is placed on milk regime. The general condition becomes every day more serious. The 18th of November, she complains of pain in the region of the liver. She has subicteric color, generalized, and œdema on the lower limbs; the liver has increased in size considerably. Day by day the œdema becomes more considerable; the skin of the legs ulcerates and gives off an enormous quantity of serum. The ascites ascends to the level of the umbilicus. There is no pulmonary œdema. The constipation is always obstinate. The patient becomes progressively weaker, and dies the 15th of November following.

Dr. Nepreu, director of the Pathological Institute, having made the autopsy, gives the following note: The rectum, to the extent of ten centimètres, from the anus up, and in its entire calibre, is occupied by a black mass, resisting pressure, and elastic, one centimètre and a half in thickness. This mass presents on its surface warty protuberances, of different size, of the same consistency, of which some are hardly exulcerated, and resemble mulberries. Mucus passes unbroken, or nearly so, over all its unevenness. The whole calibre of the rectum is strictured to a high degree, but would still allow a fecal mass of very small size to pass; the anus is strictured, and in opening the folds on the cadaver we can there see several warty protuberances, black and shining.

The rectum is closely adherent to the vagina, and to the lower part of the uterus, but can be detached easily enough therefrom. The uterus offers a series of small fibrous bodies, of which none are larger than a filbert nut, but the whole would thus stricture greatly the smaller pelvis and

compress the rectum. The vertebral ganglions in the abdominal region are for the most part increased in size, and among them some are without color; the others, and the greater number, completely black. The same with the mediastinal ganglions. The thoracic canal presents a very neat *café au lait* color.

Among the viscera, the liver is the most altered, weighing five kilos, and presents on section black masses clearly projecting from the clear ground of the parenchyma, and of very variable volume. The aspect of a section of paté well stuffed with truffles would give a very good idea of it.

The parenchyma of the kidneys offers nothing particular, but the ganglions of the hilus and the adipose covering of those organs are infiltrated with melanic matter. The lungs and spleen offer no nucleus of generalization. The vertebræ and ribs are of a very deep black tint. Finally, in the intercostal spaces we observe several black masses, more or less voluminous. The brain could not be examined. The other organs and the skin are entirely healthy. In several of the intercostal veins, in relation with certain metastatic nuclei, I was able to see perfectly several small particles of melanic matter (See Soc. Biologie, 1872, diagnostic of melanic tumors by examination of the blood, of the urine and sputa). I made a microscopical examination of this tumor: it is a fuso-cellular sarcoma.

DAMIANA.

BY DR. J. T. ROTHROCK,

Of Wilkesbarre, Pa.

In THE MEDICAL AND SURGICAL REPORTER, for March 4th, 1876, will be found an article of mine, on "Damiana, or Yerba Anti-Rheumatica." From specimens forwarded to Dr. Brinton by Dr. Mears, of Monterey, Mexico, I determined the plant to be "*Bigelovia veneta*," Gray; and thinking it highly improbable that this plant could possess the properties accredited to it, or that, if it did, a number of related species would have the same therapeutic powers, I did not hesitate to express my conviction. All that I then and there said, concerning "*Bigelovia veneta*," I still adhere to. I also, more briefly, made myself responsible for similar views in the *Botanical Bulletin*, about the same time. I do not, in any sense, "yield my views concerning the botanical history" of that so-called Damiana. As to whether I entertain the same views concerning the plant now known as "*Turnera aphrodisiaca*," also called Damiana, is quite another question.

The latter plant, Dr. Helmich, of Washington, has furnished me specimens of. Mr. Ward has prepared a good description of it. The specific name, however, is open to the objection that it affirms of the plant the very quality that yet needs further evidence to substantiate. It is only fair to say, that, in so naming it, Mr. Ward did not intend to pledge himself to a belief in the reputed therapeutic properties. On this plant (from Western Mexico) Mr. Wellcome made some statements, October 5, 1875, before the New York Alumni Association of the Philadelphia College of Pharmacy, and these, or an abstract of them, were published in the *American Journal of Pharmacy*, 1875, p. 518. He also derived his specimens from Dr. Helmich.

Thus far, we can specify: First. There is the plant I have already called attention to, as "*Bigelovia veneta*," Gray, and in which I have little or no faith, on general principles. So far as one may judge from the statement, and figure 3, that Mr. Wellcome has given (*American Journal of Pharmacy*, 1875, p. 518), I believe he there refers to this plant, "*Bigelovia veneta*." It is true that it met with a ready sale, and I stand prepared to amend my opinion, on presentation of favorable facts based on a fair clinical experience.

Second. There is the plant imported by H. Helmich & Co., from Western Mexico, and now known as "*Turnera aphrodisiaca*," Ward. Fig. 2, of the same paper, illustrates *what appears to be* a closely related species, reaching us from Mexico via San Francisco. As to its therapeutic value, I have no precise information

Third. In *New Remedies*, March, 1876, p. 75, there is an extract from an article by Mr. E. M. Holmes, published in the *Pharmaceutical Journal and Transactions*, January, 1876, and what appears to be still another Damiana is introduced. This was brought, via New York, from South California (?) to England, and on comparison at Kew proved nearly related to "*Turnera microphylla*," D. C., yet not *identical*, belonging, probably, to an undescribed species. So far as I can judge from the *fragmentary evidence*, it does not belong to either of the species above alluded to. The extract gave no statement as

to the therapeutic value of this plant being proven.

On this question a number of articles have recently appeared in our medical journals, and I call attention to one published in the Virginia *Medical Monthly*, for April, 1876, p. 47, inasmuch as, through my first paper on Damiana, this one is connected with it.

Editorial Department.

Periscope.

The Urine of the Fœtus.

In the *Wiener Medical Zeitung*, Dr. Englisch gives some interesting information upon this subject.

First, the question arises, Is there any absolute necessity that a fœtus *in utero* should secrete urine? A series of preparations exhibiting defective conditions of the fœtal urogenital system have convinced the author that a fœtus may attain the age of seven or eight months without ever producing a drop of urine. The kidneys may be wanting, or rudimentary, the ureters obliterated, the bladder undeveloped, etc., and yet the fœtus may attain the above age. So, too, in some forty cases there has been found atresia of the urethra, or absence or defects of the ureters, the fœtus reaching the eighth or ninth month without passing a drop of urine.

Occupied for some years past in examining into the causes of obstacles to the passage of urine at different periods of life, Dr. Englisch has arrived at the conclusion that diseases of the kidney are of much greater frequency in children than is generally believed. As to the occurrence of albumen, he has found that when great obstruction exists to the discharge of urine, the kidney passes into a state of hydronephrosis; but when this exists in a less degree, albumen appears in the urine. The obstruction may take its rise in the valvular folds situated at the upper part of the ureter, or at the lower part of this. Nor is it a matter of indifference to the individual whether a ureter pursues a longer course than usual within the walls of the bladder, for it is in the kidney of that side that hydronephrosis occurs. In five cases, atrophy of the kidney has resulted from obstruction caused by the curving of the mucous membrane of the orifice of the urethra into a diverticulum. The secretion and discharge of the urine have also been greatly interfered with by the hypertrophy and increased muscular contraction of the walls of the bladder. In his numerous examinations of the immature fœtus the author has found at this period the walls of the ureters are in the closest contact, so that even by the aid of a microscope no interval could be detected. At a later period a slit is observed, which becomes first elliptical and then rounded in form; but stenosis or partial adhesion of the walls of the ureter are also observed. Such adhesions are also found at the orifice of the ureter, at the neck of the bladder, and in the prostatic portion of the urethra, etc. In face of so many obstructions which may be found in new-born children to the flow of the urine, and which may give rise to dilatation or disappearance of the kidney, dilatation of the ureter, hypertrophy of the bladder, etc., it is not surprising that albumen should be found in the urine so frequently.

The Treatment of Severe Sprains.

On this topic Mr. S. Gamgee says, in the *Lancet*, not only can the patient bear well-applied pressure from the first, however great the swelling and acute the pain, but it may be laid down as a general proposition, to which I have never seen an exception, that, in severe sprains, effusion is most surely checked, and, once it has occurred, its absorption is most rapidly promoted, while pain is most effectually relieved, by pressure and immobilization. It is as true now as when Velpeau taught it, that "compression is the sovereign resolvent in contusions with infiltration and swelling."

By way of illustration, I may briefly relate the progress of a case in which I was consulted by my friend and colleague, Mr. John Clay. His patient, an elderly gentleman, had recently sprained his right ankle in going over a plowed field. As he had a policy in one of the accidental insurance companies, its medical officer saw the case, and he advised an incision, to give vent to matter, which he thought had formed in the centre of the swelling. In this advice he was sustained by a hospital surgeon, who was, additionally, called in on behalf of the company. Mr. Clay, dissenting, invited my attendance. I found the right ankle hot, and exquisitely painful. It was so much swollen that its circumference over the heel exceeded that of the corresponding sound joint by nearly an inch and a half. The skin on the outer side of the ankle was especially hot, red, tense, and shining; palpation in this situation communicated a feeling of elasticity, closely simulating, but not amounting to fluctuation.

With Mr. Clay's concurrence and assistance,

I enveloped the limb from the toes to the knee in fine cotton-wool, applied well-moulded pasteboard splints on each side, bandaged with methodically uniform compression, and starched the outside. A second consultation was held in the course of three days, when I found the patient very much easier. He had had a good night's rest and had been able to turn over in bed, and could bear the limb lifted and put down again without pain. On opening the apparatus in front I found the swelling had considerably decreased; the previously red skin was yellowish and shriveled, like the skin of a late russet apple, not looking, as at my first visit, like the red shining skin of a prime Blenheim. That shriveled look is always a good sign. I pared the edges of the case, and readjusted with firm pressure. Three days later more shrinking was met by fresh paring, and still firmer bandaging. At a consultation held a fortnight after the first, the patient was perfectly easy. No one thought any more about puncturing in search of matter. The insurance company compromised the affair by paying down a substantial sum of money, and I replaced the pasteboard apparatus by strapping the joint with emplastrum elemi spread on leather, and a Churton's bandage applied with smooth firmness.

When I last saw the patient with Mr. Clay, he was walking about his garden with a stick; the plaster had been very properly removed, and the swelling had subsided, the only difficulty to locomotion being stiffness of the joint. I cracked the adhesions by using the requisite amount of well-applied force, and we concurred in advising free use of the joint. In a note which I received from my colleague seven weeks after our first consultation, he wrote: "Our patient is progressing very satisfactorily; he comes to business every day, walks about a good deal, and does not require surgical supervision."

Gastric Vertigo.

The following excellent article is by Dr. C. A. Brice, in the West Virginia *Medical Student*:—

I would call particular attention to this trouble, which is almost always associated with, and dependent upon, an accumulation of gas in the stomach. This is a most distressing trouble, and until the patient fully realizes his exact condition, and that his ultimate recovery is certain, he will be perfectly miserable, thinking he is going to be paralyzed, or that he has serious disease of the brain. I must thank my friend and former professor, Dr. L. S. Joynes, for relieving my mind, and making a very correct diagnosis of my own case, when I was a great sufferer from this real disease. The patient will hardly know how to describe his feelings. It is not literally a vertigo, but a general foolish feeling, want of power to think closely and correctly, and this condition is frequently associated with perverted vision. These symptoms come on suddenly, thus alarm the patient and prevent him from feeling safe in walking, or trusting himself alone; and they leave suddenly. He lives in constant fear of an attack, which is always returning, making him lose confidence in himself, and depressing his spirits until after a while life itself is a burden. As a medical man, I have experienced all of this in my own case, and have since recognized and treated it in my patients. Many a poor dyspeptic has run the gauntlet of every imaginable drug, thus weakening the powers of the stomach and aggravating his complaint for the want of a proper diagnosis. I have been thus particular respecting gastric vertigo, because the books are deficient upon the subject. I have never been able to find anything that fully described my own case, or any general case of the kind.

Concerning the treatment of this complaint, I will say that the long and faithful use of strychnia, charcoal, pepsin and calcined magnesia, did me more good than anything else. Of course my diet was cautiously regulated, and I have found that prudence in eating and drinking constitutes the most efficient treatment for this class of dyspeptics. The peculiar mental condition in such cases is enough to make us investigate the disease fully. Many a patient suffers for a long while before mentioning it to his medical attendant. I have had patients to tell me, confidentially, that they feared losing their minds, and would go on and give the exact symptoms of gastric vertigo, which would always yield to treatment; but I will say, that in no case have I seen anything do good speedily; nothing but strict attention to diet, and the prescribed remedies kept up, sometimes for months, can relieve the patient.

There is this peculiar feature of the trouble, it is worse in the morning and evening. A patient will be unfit for any physical or mental effort until 10 or 11 o'clock in the day, and for the next several hours he experiences relief. Toward sunset, however, his trouble returns.

Treatment of Typhoid Fever by Cold Baths at Heidelberg.

The *Doctor* states that the results, according to Dr. Schultze, obtained at the Heidelberg Hospital in the treatment of typhoid fever by cold baths, compared with those by other methods, show that there were only 16 deaths among 237 patients treated with cold baths in the years 1871, 1872, and 1873, whilst there were 18 deaths among 218 patients treated by other methods. When a patient's temperature reaches 103° he is plunged in a cold bath, and at the same time two or three watering-pots of cold water are emptied on his head. The temperature of the bath ranges from 77° to 72°, rarely colder; in some cases it has been carried to 81° or 86°. That of the water in the watering-pots ranges from 54° to 59° in summer, and from 50° to 40° in winter. On leaving the bath the patient is laid on a special mattress containing

cold water, for which one with tepid water is substituted later on. At the same time bladders of ice are placed on the chest and abdomen, whenever the constitution of the patient permits.

This treatment, which prevents, according to Dr. Schultze, complications of the nervous system and lungs, as well as lesions caused by decubitus, has, however, the inconvenience of causing a considerable increase in the number of intestinal hemorrhages, amounting to 9 6 per cent., instead of 5.3 per cent. when the patients were treated by other methods.

Cold baths did not predispose to pulmonary complications, but, on the contrary, act as expectorants. The different forms of delirium and complications, the result of decubitus, are very much increased. Neuralgia and pains of the feet and muscles of the lower extremities appear frequently, but relapses and venous thrombosis are much rarer.

Dr. Schultze notices two cases of death during the hydriatric treatment, from gangrene of the upper extremities, and states that the only contra-indication for this method of treatment is collapse, and that it would not occur so often if this method was systematically carried out.

The Mechanical Action of Pessaries.

In a recent discussion of this subject at the London Obstetrical Society, Dr. John Williams read a paper thereon, in which he discountenanced the employment of Hodge's pessaries in cases of retroflexion of the uterus, advocating a form similar to that recommended by Schultze, viz., a ring bent into the form of a figure of 8, one end being much smaller than the other.

Dr. Braxton Hicks thought that Hodge's pessary was the most practical one existing. Even where the uterus was very tender and sensitive to the touch, a Hodge might still be employed, the fundus getting out of the way, and allowing the intestines to fall down behind in cases of retroflexion, so that the instrument was tolerated. A Hodge was easily applied, rectified, and altered. That suggested by Dr. Williams was less easy of application, the difficulty being in getting the cervix into the opening of the ring.

Dr. Graily Hewitt entirely concurred in what Dr. Williams stated as to the importance of the dragging action of the pessary on the cervix uteri in regard to its efficiency in helping to restore the uterus to its proper shape. The cervix was thereby made in some degree a fixed point, and thus an exceedingly necessary object was secured. In his own practice he had obtained very great benefit from attention to this mechanical axiom. In severe and long-standing cases of retroflexion the posterior portion of the pessary must be made long enough to actually touch and carry the fundus upward to a sufficient extent. The repeated use of the sound was in such cases necessary. In cases of anteflexion, he wished to state that for some time past he had been accustomed to place the cradle-pessary, not with the small ring backward, as represented in the third edition of his work on Diseases of Women, but with the large ring backward.

Dr. Playfair considered pessaries of great value; in fact, no one could treat cases of flexion satisfactorily without them; but unless careful attention were directed to the concomicant conditions—congestion, inflammation, hyperplasia, etc.—we should not succeed. It was easy to run into extremes by neglecting or making light of conditions, and relying simply on exclusive attention to mechanical assistance. He regarded Hodge's pessary as a most admirable instrument.

Dr. Bantock agreed with Dr. Williams that a Hodge was of very little use in retroflexion. It acted by dragging back the cervix uteri, and so doubling up the uterus. A Hodge was only of use in retroversion. An intra-uterine stem must first be passed to relieve the flexion.

Dr. Aveling considered that the treatment of flexions and versions should be different. A Hodge was valuable in retroversion, but not in retroflexion until an intra-uterine stem had been inserted. He did not believe that the pessary doubled up the uterus, the fundus not being fixed. In old cases of confirmed rigid flexion a Hodge was of no use.

Dr. Hayes differed from Dr. Williams in regard to the value of Hodge's pessary in the treatment of retroflexion, and as to its mode of action. He thought the instrument most useful. If the normal position could not be maintained, it frequently relieved the backache, sense of bearing down, and dragging pain in the left ovarian region. He regarded the action of the pessary as that of a shifting lever. Where the posterior *cul-de-sac* of the vagina was short, little benefit was derived from a Hodge, as the upper end was prevented from pressing against the fundus.

Applications of Caoutchouc in Surgery.

The *Doctor* says:—Professor Courty, in reviewing the numerous advantages possessed by caoutchouc in surgery, at one of the meetings of the Association for the Progress of Science in France, showed that the treatment of chronic ulcers of the legs by this means presents numerous advantages. It is carried out in this manner by him:—After having washed the ulcer he applies a mild stimulant; he then covers it with a bandage, over which he rolls an elastic band, which in its turn is surrounded with another bandage. When the wound is considerably closed in he abandons this medication and applies ointment on lint to the ulcer, the cicatrization of which is completed at the end of from two to three weeks. Professor Courty has amputated uterine polypi, hypertrophied cervices uteri, tumors of the rectum and anus, etc., by elastic ligatures.

M. Gayet reported having divided the pedicle of an ovarian tumor by the same method, in twenty-two days, without any inconvenience.

M. Letenneur removed an epithelioma of the tongue with elastic ligatures, applied in segments, in eight days.

M. Laroyenne, of Lyons, remarked that cauterization of tissues rendered anæmic by means of Esmarch's elastic bandage gives better results than when it is practiced on parts in which the circulation has not been suspended. Although it is not apparent at the moment of operation, the hot iron produces its effects more deeply. The surface for cauterization contains no liquid, it does not produce vapor, and the operator can watch the exact points to be attacked better. The integuments do not redden under the influence of the radiating caloric, they preserve their color or become slightly pale; the extent and depth of the cauterization are only shown when the elastic bandage is removed.

These effects can be explained by the diminished loss of heat that the iron undergoes when it is not in contact with liquids which, as a result of the high temperature, are converted into vapors. When it is necessary to act on fungoid tissues in osseous parts deeply situated, this means ought to be preferred to all others.

Epilepsy from Preputial Irritation.

Two cases of this are given by Dr. W. R. McMahan, in the Chicago *Medical Journal*. The first was seized January, 1874, with a contracted, trembling condition of voluntary muscles; grinding the teeth, and foaming at the mouth. This condition lasted from one to two minutes, when relaxation commenced, which merged into stupor of several hours' duration, when he awoke rational. His penis was now noticed to be erected, and on examination (by his parents) found in an irritated condition. He had several seizures during the first two days, and then none for several weeks, when the cycle was repeated.

On December 22, 1875, I examined his genital organs, and found a long, redundant prepuce, and partial phymosis. The prepuce was retracted over the corona with great difficulty. After its retraction, the crease behind the corona was found in a suppurating condition. On the sides of the corona were suppurating spots, marking the site of former adhesions of the prepuce to the corona. The entire crown of the organ was in a red, irritated condition, but contained no imprisoned smegma or pus.

After the examination, I ordered the prepuce retracted once each day, parts cleansed, and then sponged with some mild astringent. At this time, his father states that the irritation has subsided, and that there are no symptoms whatever of epilepsy.

The analysis of this case I conceive to be this:—At the time of his first seizure, there was either adhesion of the prepuce to the corona of the organ, or the prepuce enveloped the crown so closely that the heretofore accumulated smegma (and perhaps pus) could not make its escape, acted as a foreign body, irritated the sentient nerves, and through these the convulsive centre or centres. That this condition continued until last April, when the adhesions or resistance gave way before the imprisoned matters, and they made their escape; these sentient nerves were no longer teased; the cause was removed, and the boy recovered.

Case 2.—Charles Fisher was attacked with epilepsy on April 7, 1874. Up to that time he was a well-developed, good-looking, bright boy, and enjoyed uninterrupted good health. His attack was of a sudden character, and not preceded by any premonitions; marked by about the same characteristics as the former case, as regards the frequency, duration and intensity of the attacks; and this order continued, in modified form, under large doses of the bromides, and other treatment that seemed to be indicated, until the 27th of December, 1875.

On December 21, 1875, I examined his genital organs, and found firm adhesions just behind the meatus urinarius; and on Dec. 27, 1875, I separated these adhesions and retracted the prepuce, behind which was imprisoned smegma in considerable quantity, and the parts were in a state of irritation.

From the date of his attack, until this time, he had gradually grown dull and listless; was clumsy, irascible, and his eye, at times, generally preceding his attack, would assume the appearance of a fish's. His parents stated that before, during and after these groups of convulsions, he would complain of his penis, and that it was often in a state of erection. After the breaking up of adhesions, over a month ago, all medication was suspended, and at present he is well; has not had a single symptom of a convulsion since; has regained his former activity, and his eye its wonted expressiveness. The change in his condition is so great that I have no fears of a return of his trouble.

Catheterization of the Eustachian Tube.

In the Louisville *Medical News*, Dr. M. F. Coomes writes:—

How many medical students are there that graduate in America who never hear a lecture upon the uses of the Eustachian catheter? A little inquiry will tell the story. I am fully confident that there are hundreds of doctors in our midst that have not even seen a Eustachian catheter, and would in all probability fail to recognize the instrument if shown to them. They are not to blame, nor were their teachers, especially those who taught in former years; but at this advanced age I think that every practicing physician should at least understand the uses of the instrument sufficiently well to enable him to know when it is demanded, that he may advise his patient accordingly, and save him from the evil consequences that so many suffer.

The difficulties in manipulating the Eustachian catheter are not numerous. A thorough knowledge of the anatomy of the structures with which you have to deal is the most

important thing. Possessing this, and bearing the fact in mind that no undue force is to be used, success will attend almost every effort. Its introduction as compared with the introduction of the urethral catheter is one of the easiest and most simple operations in surgery, while the introduction of the urethral catheter is considered among the difficult ones. As a means of relieving pain, I am satisfied that if every doctor understood the uses of the Eustachian as well as the urethral catheter, the results obtained from the former would equal those of the latter in every respect. Almost every case of otalgia may be relieved by the use of the Eustachian catheter and air-bag.

As a means of diagnosis the Eustachian catheter is of incalculable value. In this respect its uses are equally as important as the urethral or sound. In fact, it plays the same part in the treatment of many aural affections that the urethral catheter and sound do in the treatment of many vesicular affections. With it we can determine whether or not the Eustachian tube is permeable; we can tell whether or not the tympanic cavity contains a fluid; by its aid we are enabled with great certainty to say whether or not the drum membrane is in normal condition. Without it the introduction of medicated liquors and vapors into the tympanum would be next to an impossibility; but with it and the air-bag, and other suitable appliances, we are enabled to cleanse the tympanic cavity quite sufficiently for all purposes, and introduce solutions in the form of a spray, which, entering the drum cavity in any other shape, would be exceedingly painful and injurious, if not dangerous.

I may say that this is the only way in which the middle ear of the adult may be thoroughly cleansed; and furthermore, it is the only means by which we can introduce a definite quantity of medicine into the drum cavity with any certainty. In the treatment of all affections of the tympanum in the adult characterized by a purulent or other discharge, the Eustachian catheter is an indispensable instrument, if it is desirable to effect a cure.

The introduction of simple or medicated vapors into the tympanum would be impossible were it not for this instrument; and likewise the introduction of bougies into the Eustachian tube would be almost impossible and highly impracticable were it not for the catheter.

The propriety of sounding the Eustachian tube is questionable, because at best the caliber of the canal is exceedingly small, and relief obtained by the use of bougies, as a rule, would be only temporary; and should the walls of the canal become lacerated or damaged sufficiently to leave a cicatrix, there would be an irreparable injury done. Not only may the walls of the Eustachian tube be injured, but it is possible that a bougie may be passed into the tympanic cavity and set up an inflammation, which, in all probability, will terminate in suppuration, injury of the ossicula auditus, and other evil consequences that are liable to result from such a procedure. The advocates of this practice may set forth the plea that they have "landmarks" by which they are safely guided. Theoretically, these "landmarks" may hold good, but practically they cannot be trusted. It is an established fact that no two individuals are formed exactly alike, nor is any particular organ of two individuals formed just alike in every respect; hence the absurdity of saying that we can determine the distance from the beak of a Eustachian catheter to the tympanic orifice of the tube after it is introduced. The distance may be approximated, but not accurately estimated.

Strange Locations for Primary Chancres.

The very great importance of recognizing primary syphilis induces us to quote some instances of the unusual localities it sometimes attacks. One such we quote from the August number of the *Canada Medical and Surgical Journal*. It was under the care of George E. Fenwick, M. D. Reported by J. D. Cline B. A., M. D., Assistant House Surgeon, M. G. H.

N. M, a Dane, aged forty-four, was admitted into hospital on the 7th of July. His right eye and cheek were very much inflamed, and on the palpebral margin of the lower lid was a sore about the size of a split bean, with prominent edges, and well marked cartilaginous induration of the edges and base. There was a similar sore at the inner canthus. His eye had been sore, he said, for three weeks. He attributed it to exposure to sun and wind. The patient had been a farm laborer. There was a large indurated gland at the angle of the face, and a chain of smaller ones down the right side of the neck, below the mastoid process.

On his admission there was applied to the side of his face lead lotion, which removed the erysipelatous redness of the cheek; but the sores were spreading.

July 9th. Touched the sores with strong nitric acid.

July 12th. As the sores did not tend to heal, Dr. Fenwick put him on constitutional treatment, ordering—

℞.	Hyd. bichlor.,	gr. j
	Potass iod,	ʒj
	Ext. sarzæ fld.,	ʒj
	Aquæ, ad.,	ʒvj.

Of which a tablespoonful was taken three times a day. On the same day the sores were again cauterized with nitric acid.

From this day the sores began to improve, and by the 24th the large sore was reduced to the size of half a split pea; the induration was disappearing, and also the enlargement of the glands. As the man was anxious to return to work he was discharged but ordered to continue the medicine. It was impossible to ascertain what had been the direct source of contagion. I omitted to remark that he had no sore anywhere else on his body. He had been sleeping with a fellow laborer, a young man, and using

the same towels, but he did not know whether this young man was diseased or not. He had never suffered from anything of the kind before the present sore made its appearance.

From the peculiar nature of the sore, its firm, hard, cartilaginous base, the scanty secretion, absence of pain, and the induration of the lymphatics at the back of the neck; and furthermore its rapid improvement under constitutional treatment, there can be no doubt that the case, however singular in its situation, is one of primary syphilitic origin.

The second is given in the *British Medical Journal*, by Dr. Edward Nettleship. He writes:

Mrs. G., aged about twenty-eight, was sent to me at the South London Ophthalmic Hospital by Dr. Baxter, on April 3d, 1875, for a lachrymal abscess consequent on some obstruction in the left nostril. She was eight months pregnant. Beside the left lachrymal abscess, there was considerable dusky inflammatory swelling of the skin on the corresponding side of the nose and cheek; the left nostril was completely blocked, and as much of the mucous membrane as was visible presented an unhealthy-looking ulcerated surface, which ended below by an abrupt edge at the junction of the nasal mucous membrane with the skin of the prolabium. She complained of much pain in the nose. The appearance of the ulcer was suggestive of a syphilitic origin, but I did not feel able to decide, without more evidence, whether, if syphilitic, it was a chancre or a tertiary ulcer. A considerable mass of indolent enlarged lymphatic glands were present in front of the corresponding ear and behind the lower jaw, and they were stated to have appeared since the obstruction in the nose began; as, however, there was some degree of similar enlargement, of several years' standing, on the other side, the diagnostic value of the former mass was diminished. The woman said that the earliest symptoms had begun shortly before Christmas, 1874, with a swelling of the left side of the nose below the position of the abscess, accompanied by obstruction of the nostril, and soon followed by the symptoms of acute lachrymal abscess. No other facts corroborative of the suspicion as to syphilis were obtained at this visit. Iodide of potassium and black wash were prescribed. My questions had, however, roused her suspicion, and the next time I saw her she said that she had some sore places on the genitals, which had been present about six weeks; she would not, however, allow an examination. At this date (7th) Mr. Hutchinson saw her, and considered the sore in the nose to be probably syphilitic, but from the evidence then forthcoming, was unable to decide whether it was primary or not. He advised free cauterization with nitric acid, as he thought that the sore threatened to become phagedænic. I applied this on the 8th, when she also submitted to an examination of the genitals, and I found on the labia several well-marked condylomata, but no ulceration and no inguinal bubo. There was no rash elsewhere on the skin, and no sore throat. She was quite clear in her statement that she had noticed nothing amiss with the genitals until six weeks previously, *i. e.*, until about two months after the symptoms began in the nose. The acid acted well, and on the 10th the sore in the nose was much healthier; mercury was now begun internally, black wash ordered to the nostril, and calomel to the condylomata; the iodide was discontinued. On the 14th she was confined, and I did not attend again until May 5th, when I learned that the child (a boy) was healthy-looking at birth, but withered away rapidly and died at nineteen days old, the medical attendant giving her to understand that he considered it to be syphilitic. The sore in the patient's nostril had improved, but she now showed a few papular, shiny, dullish red spots on the back of her neck. Mercury, which had been discontinued since April 14th, was now resumed. On May 8th, there were numerous similar spots on the fronts of the forearms, insides of the thighs, and on the abdomen, while those on the neck had enlarged; the rash was quite characteristic of secondary syphilis. Under the continued use of the mercurial, the rash rapidly diminished, and had almost entirely disappeared on May 19th. She has continued the mercury, with a few short intermissions, to the present time. She is now quite free from secondary symptoms, the ulcer in the nostril has been quite healed for some weeks, and her health has improved very markedly. The opposite sides of the nostril have adhered together, probably owing to the free use of the nitric acid; its channel is, therefore, still quite blocked, and the lachrymal fistula continues to discharge muco-purulent matter; there is, however, no inflammation of the nostril whatever, and she experiences so little inconvenience from the condition of things, that she is not very anxious to undergo any operative treatment. With regard to the probable source of her chancre I could learn nothing of any value. Her husband would not admit to her that he had ever had venereal disease, and the woman herself did not know of any accidental source of contagion.

Norwegian Lepra.

Dr. Neumann, of Vienna, has published in the *Allg. Wien. Med. Zeit.* (March 7th, 1876), an article on the etiology of this disease. Authors are not quite agreed whether it is hereditary or not; but it would appear that it is contagious. Low lands on the coast and bad food and shelter have much to do with the appearance of the disease in both hemispheres. The prognosis is generally very bad; the patients mostly perish of marasmus, pneumonia, phthisis, albuminuria, etc. The author makes a statement which, at least, as regards Scotland, would require confirmation. He says that in Norway the vas deferens of boys affected with lepra is tied, to arrest procreation, and that in *Scotland* castration is performed upon leprous lads for the same purpose.

Reviews and Book Notices.

BOOK NOTICES.

Cyclopædia of the Practice of Medicine. By Dr. H. von Ziemssen. Edited by Albert H. Buck, M. D. Volume IV, Diseases of the Respiratory Organs. Wm. Wood & Co., New York city.

The contents of this volume include the general diagnosis and treatment of diseases of the nose, pharynx and larynx, written by Dr. Bernard Fraenkel and translated by Drs. G. M. Lefferts and E. W. Schauffler; anemia, hyperemia, hemorrhage, abnormal color, and the catarrhal inflammations of the laryngeal mucous membranes, by Professor von Ziemssen; croup, by Dr. Steiner; diseases of the trachea and bronchi, by Dr. Riegel; and of the pleura, by Dr. Fraentzel. Drs. J. Solis Cohen, A. Brayton Ball and J. Burney Yeo are the other translators. The volume has 805 pages, and is thus the largest of any of the series yet issued. The articles are in all respects equal to those in previous volumes, though we acknowledge to have been somewhat disappointed in Dr. Fraenkel's chapters on therapeutics. Perhaps the best of the articles is Dr. Riegel's essay on diseases of the trachea and bronchi, which include catarrh and inflammation of the tracheal and bronchial mucous membranes, bronchial croup, stenosis, bronchial asthma and foreign bodies.

Whooping cough and œdema, new growths, ulcers and neuroses of the larynx, which properly belong in this volume, will be incorporated in volume vii, owing to the considerable bulk of the present one. Both subscribers, editor and publishers are to be congratulated on the satisfactory progress of this important work, and it is gratifying to learn that it has received ample support from the profession.

An Elementary Treatise on Diseases of the Skin, for the Use of Students and Practitioners. By Henry G. Piffard, A. M., M. D., Professor of Dermatology, University of the City of New York, etc. With illustrations. London and New York, Macmillan & Co., 1876. 1 vol., cloth 8vo., pp. 377. Price $4.

Dr. Piffard does not offer this as a complete or extended work on the speciality to which it is devoted, but as "an introduction to the more elaborate works upon dermatology;" hence, rather a student's manual than a scientific treatise.

On the vexed question of classification, he pursues the "natural or etiological" plan, dividing the skin diseases into five groups: 1. Diathetic Affections. 2. General Non-diathetic Affections. 3. Reflex Affections. 4. Local Affections. 5. Affections of Uncertain Nature. Syphilides, scrofulides, and rheumides are examples of the first class. In counting as the last mentioned (rheumides) such extremely common complaints as eczema, psoriasis and pityriasis, the author shows his strong leaning to the doctrines of the leading French school of dermatology, in which partiality he is not backed by many non-Gallican teachers. The weakness of the etiological classification is, it seems to us, conspicuously shown in this forced grouping. It is seen again in the long list of "affections of uncertain nature," which include such prominent types as erythema, lichen, molluscum, prurigo, purpura, pemphigus, elephantiasis, etc. A classification which confesses itself inadequate to subsume these diseases has as yet little claim to be called such, whatever the future may have in store for it.

As a consequence of this vagueness, the practitioner will occasionally find himself at a loss to identify his clinical experience with the book. Thus, one of the most common of affections is seborrhœa of the scalp; yet nowhere in Dr. Piffard's table of contents or index is the word *seborrhœa* found. All affections of the sebaceous glands are included under *acne;* but among these again there is no clear description of the complaint in question. Whatever reason he might assign for such omissions, none will hold good in a work professedly designed for the student, to whom the classification of skin diseases is always sufficiently bothersome, without having it rendered more so by this designed neglect of synonyms.

These are serious faults in Dr. Piffard's work, so far as the general medical neophyte is concerned. Much less can be said against it as a volume for the specialist. The very beautiful albertype plates which illustrate it, and the original pathological observations it contains render it really valuable to the professed dermatologist. The treatment, though given sometimes in disappointingly general terms, is that of a practical physician, and shows clinical

observation. Of the mechanical execution of the work we need only say that it is in every way worthy of the well-known publishing house which has issued it.

An Introduction to Pathology and Morbid Anatomy. By T. Henry Green, M. D., London, etc. Second American from the third revised and enlarged English edition. Illustrated by one hundred and eleven engravings on wood. Philadelphia, H. C. Lea, 1876. 1 volume. 8vo, cloth, pp. 316.

The rapid extension of the department of pathological anatomy obliges the student who would keep pace with it to frequently renewed studies, and the author who would have his works adequately represent its progress to constant revisions. Dr. Green is aware of this, and having been very successful in supplying the wants of those who desire a clear, brief exposition of the principles of morbid anatomy, he has merited their further approbation by two carefully revised editions of his treatise. Much new matter is added, and a number of original engravings have been inserted.

Starting with the function of nutrition as his *point de repére*, he considers its arrest and its impairment, the numerous forms of degenerations, and then its morbid increase as shown in new formations (morbid growths). This is a truly philosophical scheme, and the phenomenon of inflammation which occupies the rest of the book should have been regarded as a further illustration of mal-nutrition. But while the author acknowledges that in it alteration of nutrition plays a prominent part, he goes on to say that "changes in the blood-vessels and in the circulation are its essential and most important constituents." This is certainly putting the accident for the substance, as logicians say. Inflammation is the collective name applied to a class of phenomena attending the defect of nutrition brought about by an injury. The distinction is not idle, and is essential to a clear conception of the relation of morbid to healthful processes.

While in some of these broad views Dr. Green is open to criticism, his descriptions of special forms of disease are concise and lucid. His work is one which shows dissecting-room work rather than book learning. His position as lecturer on the topic at Charing Cross Hospital Medical School gives him ample opportunity for practical observation, and he has evidently made good use of it.

The Schuylkill: A Centennial Poem. By **M. K. C.** Philadelphia, J. H. Coates & Co.

The stream which winds through Fairmount Park, adding so much to the beauty of its landscapes, has a double claim to the attention of every visitor, first for its exceeding picturesqueness, and then for its many historic associations. The latter are familiar to every reader of Revolutionary history, and the former fired the genius of Thomas Moore and Buchanan Read to some of their most exquisite productions.

These associations are very prettily recalled in a little volume of verse whose title is given above. Without pretension to compete with those masters of song, the author (whose initials, by-the-way, if read as Hamlet suggests Polonius should count his age, are those of a well-known physician of this city) gives us in graceful rhyme descriptions of scenery, historic incident, and personal adventure, which will be read with much pleasure by all those who are acquainted with the stream and its surroundings.

We quote the following description of Valley Forge, the spot occupied by Washington and his army during the terrible winter of 1777–8:—

"Where yonder upward floating fleece
Betokens industry and peace,
Is Valley Forge, whose landscape bright
Knew once a darkly warlike sight;
Across whose quiet fields and wood
Run remnants of intrenchment rude;
Whose smiling meadows felt the tread
Of those who at each footstep bled;
Whose healthful breezes bore the breath
Of famine, pestilence, and death.
O tale of hunger, pain, and care,
Of bleeding feet and wasted forms,
Of nakedness and wintry storms,
Of heroism, death, and prayer!—
Thou art a glorious memory,
To teach the worth of liberty!
And heirs of liberty should here
Their stateliest votive offering rear."

The faithful and well executed engravings with which the volume is richly supplied, and the handsome style in which it is printed, together with the subject and its treatment, combine to make this the most agreeable souvenir which the visitor to our city this summer could carry back with him.

——Report of Eye and Ear Dispensary, Philadelphia, 1876. The total number of operations in this infirmary for the past year amount to 1061.

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MOTION AS RELATED TO LIFE.

In the seventeenth century HUYGHENS and NEWTON, by their combined labors, formulated the three fundamental laws of motion. Their contemporary Dr. NEHEMIAH GREW, a practicing physician of London, first laid down in his work, the *Cosmographia Sacra*, the doctrine that motion, or energy, or force, is indestructible, and is never lost, but is only transferred from one form of existence to another.

This latter masterly generalization, or rather intuition of genius, waited for its full development until the middle of this century, when it was presented anew as the theory of the correlation and conservation of force. At the same time AUGUSTE COMTE wrote his biological works, maintaining that all organic motion must be held subject to the laws of motion in general. This last thesis has received further amplification at the hands of Dr. CHARLES BLAND RADCLIFFE, of London, in a work entitled *Vital Motion as a Mode of Physical Motion*, a sketch of whose argument we give from English reviews.

His leading proposition is in many respects a novel and a startling one. He endeavors to prove that contractility is not a vital process, but, on the contrary, is a state which is occasioned by the withdrawal of an inhibitory influence serving to keep up the state of muscular relaxation; therefore that life is not the occasion of motion, but is concerned in antagonizing it, at least in so far as it depends on muscular contraction; that this contraction is due to physical causes, and therefore that vital motion is a mode of physical motion.

This idea he endeavors to support by various experiments and physiological and pathological observations, both by himself and others. Experimenting on living and dead amœbæ, fresh-water sponges, myxomycetes, and also pus, mucus and distilled water, he found that Thompson's electrometer failed to show any distinction between the living and dead state of protoplasmic substance, or between these substances, living and dead indifferently, and sculptor's clay. From this he argues that there is no difference between the electrical condition of living protoplasmic substances and lifeless bodies generally, but that any observed electric state in them is due to the electric state of the earth.

He is also led to believe "that amœboid movements are the simple result of the action in amœboid bodies of the electricity belonging to these in common with all terrestrial bodies." He holds that the electric state of the earth is one not of zero, but of *charge*, and that this charge is subject to remarkable tides and wave-movements; that things so charged must be in a state of expansion, and that this state of expansion must vary with every variation in the charge; and that this expansion takes place more readily in bodies, or in parts of those bodies, which are less solid than in those which are more so. Hence, changes in expansion take place more readily in parts of amœboid

bodies which remain in a state of nascent protoplasm, and not in the parts which have become granular; and thus the peculiar amœboid protrusions are produced in obedience to the oscillations of the earth's electric state, at least as far as the electro-physics of these organisms is concerned.

In his own words:—

"The sum of the whole matter amounts to this, that the different forms of electricity, the voltaic, the Franklinic, the Faradaic, and that which is natural to living substances, all agree in acting, not by polarization, or by any other working of the constant current, but by the charge or discharge of free electricity, the charge (the negative as well as the positive, but not to the same degree) causing the state of rest, and with it more or less expansion, by keeping the charged molecules in a state of mutual repulsion, the discharge bringing about action, and with it the state opposed to expansion, by leaving the now chargeless molecules free to yield to simple molecular attraction."

In applying these principles to physiology, Dr. RADCLIFFE feels justified in supposing that, as relaxation, not contraction, is associated with the presence, and contraction, not relaxation, with the absence of red blood, the action of the blood tells in preventing muscular action rather than in producing it. "That the action of the blood in vital motion may be really resolvable into that of electricity; that the blood may antagonize the state of action in nerve and muscle, because its oxygen has to do with the keeping up of that electro-motive condition in nerve and muscle which antagonizes the state of action in nerve and muscle, and which in muscle keeps up in addition the state of relaxation."

In conclusion, Dr. RADCLIFFE believes he has established the following facts:—1. That the exaggeration of vital motion is not consequent on exalted vitality due to hyperæmia. 2. That vital motion is merely a mode of physical motion, for which the only key needed is that which is supplied in the natural workings of electricity and elasticity. 3. That amœboid movements are the simple result of terrestrial electricity. 4. That muscular fibres are analogous to amœboid bodies, and are in a state of relaxation from the action of electric "charge." 5. That nerves resemble muscles electrically, and that muscles and nerves interact on one another. 6. That the work of circulation and nervous action is carried out by electricity. 7. That the due electro-motive action of the nerve centres, and of all other parts of the nervous system, is dependent upon a due supply of arterial blood.

We do not pretend to offer any criticisms on these doctrines. But the most hasty reader will not fail to see in them the fruits of deep thought, and a conception of life which must place it in quite a different aspect from what it has been usually defined heretofore.

NOTES AND COMMENTS.

Animals and Vegetables.

In a recent lecture, Professor Huxley remarked that the advance of science, so far from affording new and more accurate means of diagnosing the members of the two kingdoms from one another, has tended to show that the simpler forms of each are really indistinguishable, and that a new kingdom, corresponding to that which has recently been characterized as the "Protista," by Haeckel, and which shall include all the simpler types of organization, must be admitted. Cuvier considered that the main distinctions between an animal and a plant were, that the animal had the power of locomotion, and consequently possessed all the apparatus requisite for that purpose; secondly, that it possessed a digestive cavity, and, as a rule, a circulatory apparatus; thirdly, that its chemical composition was characterized by the presence of nitrogen; and, lastly, that while animals exhaled carbonic acid gas, vegetables exhaled oxygen. But one by one these several diagnostic marks have been proved to be inaccurate. Recent investigations have clearly shown that all living matter, whether animal or vegetable, contains nitrogen; and that all plants, when not exposed to sunlight, exhale carbonic acid, while some, as a fungi, exhale it even when exposed to sunlight. The diagnostic mark drawn from

the supposed presence of a circulatory apparatus was practically given up by himself, while the microscope has revealed multitudes of vegetable organisms which possess active powers of locomotion.

The Kentucky Shower of Flesh.

At last we have a proper explanation of this much talked of phenomenon. Mr. L. Brandeis writes to the *Sanitarian*, for May :—

In 1537, while Paracelsus was engaged in the production of his "elixir of life," he came across a very strange-looking vegetable mass, to which he gave the name of "Nostoc."

The want of rapid transportation, combined with the perishable nature of the substances fallen, have hitherto prevented a complete and exhaustive examination. The specimens of the "Kentucky shower," however, reached this city well preserved in glycerine, and it has been comparatively easy to identify the substance and to fix its status. The "Kentucky wonder" is nothing more or less than the "Nostoc" of the old alchemist. The Nostoc belongs to the confervæ; it consists of translucent, gelatinous bodies, joined together by threadlike tubes or seed-bearers. There are about fifty species of this singular plant classified; two or three kinds have even been found in a fossil state. Like other confervæ, the Nostoc propagates by self-division as well as by seeds or spores. When these spores work their way out of the gelatinous envelope they may be wafted by the winds here and there, and they may be carried great distances.

Wherever they may fall, and find congenial soil, viz., dampness or recent rain, they will thrive and spread very rapidly, and many cases are recorded where they have covered miles of ground, in a very few hours, with long strings of Nostoc.

On account of this rapidity of growth, people almost everywhere faithfully believe the Nostoc to fall from the clouds, and ascribe to it many mysterious virtues. The plant is not confined to any special locality or to any climate; sown by the whirlwind, carried by a current of air, in need of moisture only for existence and support, it thrives everywhere. Icebergs afloat in mid ocean have been found covered with it. In New Zealand it is found in large masses of quaking jelly, several feet in circumference, and covering miles of damp soil; and in our own country it may be found in damp woods, on meadows, and on marshy or even gravelly bottoms.

All the Nostocs are composed of a semi-liquid cellulose and vegetable proteine. The edible Nostoc is highly valued in China, where it forms an essential ingredient of the edible bird-nest soup. The flesh that was supposed to have fallen from the clouds in Kentucky is the flesh-colored Nostoc (*N. carneum* of the botanist); the flavor of it approaches frog or spring chicken legs, and it is greedily devoured by almost all domestic animals.

Such supposed "showers" are not rare, and are entirely in harmony with natural laws. In the East Indies the same Nostoc is used as an application in ulcers and scrofulous disease, while every nation in the East considers it nourishing and palatable, and uses it even for food when dried by sun heat.

Irritable Bladder in Women.

A plan of treatment of this very annoying complaint is given by Dr. Brabazon, in the *British Medical Journal*. In the first place, he writes, I would say that the treatment I am about to recommend is only suitable in uncomplicated cases of irritable bladder, which, in my experience, are rare in the female, though occasionally met with. The treatment to which I allude is injecting the bladder with a solution of nitrate of silver and extract of belladonna, in the proportion of two grains of the former and six grains of the latter to two ounces of distilled water. This solution should be injected twice a week, and allowed to remain in the bladder for about from three to five minutes, and then withdrawn through the canula. Several months may be necessary for a cure.

Catherine Hohmann, the Hermaphrodite.

This person has been traveling in this country, and Dr. E. W. Sawyer, of Chicago, reports an examination of him (?) in the *Journal and Examiner*. His conclusions are these :—

"In view of the facts: first, that this creature does possess the essential characteristics of the male, for his semen, which has been examined by Virchow, contains numerous spermatozoids; second, that there is a possibility that the blood which escaped periodically from the urethra may not have been true menstrual blood, for this creature soon realized that he was the subject of great wonder, and might

have easily inflicted some slight wound of the canal, sufficient to have produced an oozing of blood; moreover, the microscopical appearances of menstrual blood are, by no means, thought by all to be distinctive—in view of these facts, I say, it seems more rational to call this a mal formed man, with hypospadias and incomplete cryptorchidia. Or, at most, we must allow this creature to remain unclassed, until a post-mortem examination shall establish, beyond doubt, the presence of the essential organs of the female, the uterus or the ovary."

Rules in Administering Arsenic.

Dr. H. Griffith, in the *Medical Press and Circular*, states that the following rules relative to the administration of arsenic should be carefully observed:—

1. It should never be given where there is a feverish state of the system; a quick pulse and a hot skin contra-indicate its employment.

2. It should be given shortly after meals—never on an empty stomach.

3. It should not be given in the solid form, nor should it be given in increasing doses. As a rule, five minims of Fowler's solution should be the maximum dose for an adult.

4. The dose should be diminished, or the administration altogether ceased, on the occurrence of pain in the epigastrium, nausea, or irritation of the eyelids.

Heart Disease and Pregnancy.

In an article in the *Archives de Tocologie*, Dr. Duroziez produces numerous clinical facts to show that the existence of heart disease retards the establishment of menstruation, and that the catamenia are often irregular or too profuse. Sterility is observed in some cases, and in others abortions are frequent. The prognosis in young women who marry, being the subjects of heart disease, is serious. There is, as has been shown by the researches of Larcher, Blot, and others, hypertrophy of the left ventricle during pregnancy.

A Physiological Curiosity.

Under the above heading, Dr. Valentin Kipársky, in the *Medicin. Central Zeitung*, relates a case of an old soldier of seventy-two, who came to his hospital complaining of indigestion, loss of appetite, and eructations. After a time, on the 19th of November, he was seized with vomiting, and threw up five mushrooms and two raisins. They were whole and seemed fresh, but the patient stated most positively, and his statements were borne out by the testimony of others, that he had swallowed them at his daughter's wedding, August 4. At no later period had he eaten of either. After vomiting them, he rapidly recovered his health.

New Buildings as Sources of Disease.

While the health of this city continues exceptionally good, it is to be hoped that no sense of false security will be felt. The large number of new and partly new houses is an unusual source of danger. The Italians have a proverb which says: "When you have built a new house, rent it to your enemy for the first year, to your friend for the second, and then go into it yourself." Yet hotel proprietors will make large additions to their houses, and as soon as the workmen have gone out put unsuspecting travelers into newly-plastered rooms. Dangers of typhoid fever, rheumatism, neuralgia, etc., are thus terribly enhanced.

Solubility of Salicylic Acid.

At the Paris Therapeutical Society, M. Chassan stated that he has found the addition of citrate of ammonia to greatly increase the solubility of this acid, either in alcohol or in water. Thus, while 40 or 50 parts of rum are required to dissolve 2 of the acid, if 1 part of the citrate of ammonia be added, only 8 parts of rum are required to dissolve the 2 parts. If from 2½ to 3 parts of the citrate be added, 120 parts of water will dissolve 2 parts of the acid; while without this addition 1000 parts of water would have been required. M. Chassan proposes the following formula:—Salicylic acid 4, citrate of ammonia 2, rum 30, and distilled water 164 parts; or this: Salicylic acid 1, citrate of ammonia 2, syrup 30, and distilled water 120 parts.

Pruritus Vulvæ

In this troublesome complaint, Dr. Gill, of St. Louis, in the St. Louis *Medical and Surgical Journal*, recommends the use of nitrate of alumina. It has in his hands given more satisfaction than any other remedy. He orders four to six grains to the ounce of soft water, to be used as a vaginal injection or external wash, once or twice a day if necessary.

The Sleep of Plants.

Last week, at the meeting of the Philadelphia Academy of Sciences, Mr. Thomas Meehan said that what was popularly known as the "sleep of plants," the closing of some kinds at nightfall, though a matter within common observation, had not, so far as he was aware, been made a subject of physiological investigation, with the view of ascertaining the value, if any, of this kind of motion in the economy of plant life. He had recently discovered, by means of this peculiar motion, that the common claytonia virginica and some buttercups were fertilized by their own pollen. The fertilization of these plants had been somewhat of a mystery to him, as, in view of some prevailing theories of cross fertilization by insect agency, these plants ought not to be self-fertilized; but from repeated observations he was satisfied that no insects had visited plants that had not yet seeded abundantly. The process of fertilization in claytonia and ranunculus, independent of insect agency, was minutely described.

Plants, of course, had peculiar functions to perform, and there were preordained plans and special arrangements through which these functions are exercised. But the workings of plant life are so complicated that, though we see certain results follow certain movements, we are not always sure that we perceive the great and deeper object arrived at in the order of nature. Hence arose the differences of opinion prevailing in regard to the object of cross fertilization. Some plants had arrangements which seemed to preclude the possibility of self-fertilization, and the assumption followed that nature abhorred close breeding in plants, and specially designed such structures to secure the plant against it. He believed that nature had a deeper purpose, as yet unknown, and chiefly because of such instances as he had given this evening, where nature could not abhor close breeding, when the result of the "sleep of plants" was most perfect in securing self-fertilization.

The Pennsylvania Hospital.

The Annual Report of this institution states that in 1875 the number of cases treated in the wards was 1814; of these there have been discharged 1659; accidental injuries treated within the year, 598; patients remaining in the hospital, 155. The out-patient department reports the following:—Medical cases, new patients, 869; medical visits, 1754; surgical cases, new patients, 2106; surgical visits, 11,358; total new patients, medical and surgical, 2975; visits to hospital, 13,112, showing an increase over the previous year of 502 new patients, and of 4158 more visits to this department. The Report then discusses the question of endowing a ward so far as relates to maintaining within it incurables, so called. The proposition has been made to give the sum of $50,000 toward the maintenance of a ward for incurables within the hospital square, provided the additional sum of $50,000 is first raised or pledged by other contributors to this design.

A Grotto of Health.

At Monsummano, in the province of Lucca, high up in the picturesque Apennines, there is a cavern famed far and wide for its beneficent effects on chronic rheumatic sufferers. The invalid breathes the temperate air of the cave, bathes in the medicated waters that drip from its walls, and bids farewell to his sufferings. Such, at least, was the experience of Herr Hugo Knoblauch, a respectable German traveler, who has written a book on the grotto and its effects, well spoken of by our Prussian cotemporaries.

The Food Equivalent of Health.

General Sherman, in his chapter on the "Military Lessons of the American War," says: "To be strong, healthy, and capable of the largest measure of physical effort, the soldier needs about three pounds gross of food per day, and the horse or mule about twenty pounds."

Correspondence

Gunshot Wound in Pregnancy.

Ed. Med. and Surg. Reporter:—

Mrs. J. J. Jones was accidentally shot on the night of October 21, 1875, by her husband, who supposed her to be a burglar. The weapon used was an army revolver, .44 calibre, conical ball. The missile entered between the second and third ribs, about one inch from the sternum, passing through the right lung, and escaping through the inferior angle of the scapula, about three inches below the spine. Its momentum was sufficient to carry it through an ordinary pine door, after it left the body.

There was much hemorrhage and severe shock. She, however, made a fair recovery at the end of four weeks, though pregnant, in the seventh month, with her first child. The treatment consisted in giving internally tr.

opii deodorata, and externally by applying warm whisky and water. The lint, which became at first agglutinated to the edges of the wounds by coagulated blood, was allowed to remain, as it hermetically sealed the openings, until recovery had nearly taken place.

At her full period she was delivered of a healthy boy, although it was a foot presentation. During the delivery, after the feet had protruded from the vulva, the limbs were tucked back in such a manner that the knees rested firmly upon the perineum. This was done for a double purpose: first, to impede the easy progress of the child, and thereby to stimulate the uterus to its full expulsive efforts, for it has been my experience to find the pains in nearly all foot presentations quite feeble; second, to dilate the perineum. After these two objects were accomplished, the limbs were allowed to escape, and the child was speedily delivered, in a healthy condition. The mother is now healthy, free from cough, and nursing her babe, which is strong and bright.

F. J. Bancroft, M. D.

Denver, Colorado.

Case of Gunshot Wound of the Head.

Ed. Med. and Surg. Reporter:—

On the fifth day of June, 1875, the writer was called to a young man, aged 20 years, in good health, who had received an accidental gunshot wound on the parietal eminence; the course of the ball was upward, and somewhat backward, excavating a groove sufficiently large to admit the index finger, penetrating the coverings of the brain and removing a small portion of the brain tissue. Having arrived about an hour after the wound was inflicted, I found the patient comatose, hemorrhage excessive, with radial pulse, 30 per minute. Through the opening made by the ball protruded a part of the brain as large as a hen's egg, constituting a species of *hernia cerebri*. At once, light and continued pressure was made, which, together with the influence of gravitation for fourteen hours, had the desired effect of reducing the brain substance to a plane corresponding with that of the internal table of the parietal bone. In two days he was sufficiently rational to narrate to his friends the particulars of the accident. In due time granulations appeared, which soon became very exuberant; these were repressed by the application of a leaden plate, and in ten weeks he had recovered, with only a slightly depressed cicatrix to mark the place of a serious wound. This case is worthy of remark, from the fact that the cerebral tissue protruded to the aforesaid extent, and was replaced without a particle of suppuration or any untoward symptoms.

Campbell Hill, Ill. N. R. Gordon, M. D.

—The valuable tract of land including Hot Springs, Ark., has been decided by the Supreme Court to be government property. A resolution has been offered in Congress to sell it at public sale.

News and Miscellany.

Medical Society of the State of Pennsylvania.

The Twenty-second Annual Session will be held in the city of Philadelphia on Wednesday, May 31st, 1876, at 3 P. M. The appointments are:—To prepare—The Address in Surgery, Dr. D. Hayes Agnew, Philadelphia. The Address in Obstetrics, Dr. R. Davis, Wilkesbarre. The Address in Medicine, Dr. James Aitken Meigs, Philadelphia. The Address in Hygiene, Dr. Benjamin Lee, Philadelphia. The Address in Mental Disorders, Dr. John Curwen, Harrisburg. The Secretaries of County Medical Societies are earnestly requested to forward *at once* their lists of *Officers and Members*, with the *Post-office address of each member.*

Wm. B. Atkinson, M. D.,
Permanent Secretary,
1400 *Pine Street, Philadelphia.*

Convention of Medical Colleges.

The following circular has been furnished for publication:—

Louisville, Ky., May 15, 1876.

Following a general correspondence with the various Medical Colleges of the United States, the undersigned issue this call for a Convention, to be held in Philadelphia, on Friday, June 2, 1876, four days in advance of the meeting of the American Medical Association. The object of the Convention is to consider all matters relating to reform in Medical College work.

That decided results may be reached, the Faculty of each College is earnestly requested to send one or more delegates, clothed with *plenary* powers to determine final action on every question.

Should any College find it impracticable to send a representative, it is hoped that it will set forth fully by letter to the Convention the views it may hold touching the suppression of existing evils and methods of practical improvement. The Faculty of each College is requested to indicate to the first named of the undersigned whether or not a representation from its body may be expected.

Officers of the following Colleges have informally signified their hearty approval of the movement:—

Jefferson Medical College; College of Physicians and Surgeons, N. Y.; Bellevue Hospital Medical College; Ohio Medical College; Miami Medical College; Rush Medical College; Detroit Medical College; Louisville Hospital Medical College; Medical Department University of Louisville; St. Louis Medical College; Keokuk Medical College; Cleveland Medical College; Starling Medical College; Medical Department of Georgetown College; Medical Department of Columbian University; Long Island College Hospital; Medical Department of Syracuse University; Evansville Medical

College; Indiana Medical College; Medical Department of University of Nashville; Atlanta Medical College; Mobile Medical College; Savannah Medical College; Augusta Medical College.

The Convention will be called to order in the hall of the Jefferson Medical College at 11 o'clock A. M. on the day above named.

J. B. BIDDLE, M. D., Jefferson Medical College.
WM. H. MUSSEY, M. D., Miami Medical College.
JOHN T. HODGEN, M. D., St. Louis Medical College.
J. ADAMS ALLEN, M. D., Rush Medical College.
W. T. BRIGGS, M. D., Medical Department University of Nashville.
J. M. BODINE, M. D., Medical Department University of Louisville.

The Armstrong County (Pa.) Medical Society

Was permanently organized on Tuesday, March 28th, by the election of the following officers, to wit:—

Dr. David Alter, President; Dr. J. G. Cunningham, Secretary; Dr. T. M. Allison, Treasurer; Drs. T. A. Allison and Wm. H. Stewart, Censors; Drs. R. P. Hunter, A. G. Thomas, C. J. Jessop, Examiners.

Drs. T. M. Allison, Wm. B. Ansley and C. J. Jessop were elected delegates to the Pennsylvania State Medical Society at its next meeting.

The next regular meeting of the Society will be held in Kittanning, July 6th, at 10 o'clock, A. M.

DAVID ALTER, *President.*
J. G. CUNNINGHAM, *Corresponding Secretary.*

Items.

—Bombay has been suffering from an epidemic of small-pox, the severity of which almost recalls the plague-like devastation caused by this disease in pre-vaccination times. During the first eleven weeks of this year 1442 fatal cases of small-pox occured in this Eastern city, the weekly numbers increasing steadily from 23 in the first week to 319 in the week ending the 14th of March.

—There has just been discovered at the Louvre the real portrait of the great anatomist, André Vesale, known by the famous engraving of "The Lesson in Anatomy." It is the work of Jean Calcar, the designer of the anatomical plates of Vesale. The illustrious surgeon is represented, at the age of 26, leaning on a column. On a ring on a finger of his left hand the following inscription has been made out:—"A. V. B. Andreas Vesalnus Bruxelliensis," clearly establishing the au h nticity of the picture.

—The Russian journals publish a long report of the commission charged by the Physical Society of the University of St. Petersburg to examine the phenomena of spiritualism. The report concludes that these phenomena are the result either of unconscious movements or of imposture, and that the doctrine of spiritualism is a superstition.

QUERIES AND REPLIES.

Dobell's Abstracts.

Dr. S. P., of Ohio, and others.—The price of Dr. Dobell's "Abstracts on Diseases of the Chest" is $5.25. Copies can be obtained by addressing this office.

Dr. J. P. L., of Va.—You need be under no apprehension of either extortionate charges or deficient accommodations in attending the Medical Society meetings in Philadelphia this summer. Such fears are groundless.

OBITUARY.

DR. C. B. NOTTINGHAM.

The Atlanta *Medical and Surgical Journal* contains the following biographical notice of this member of our profession:—

Dr. C. B. Nottingham was born on the eastern shore of Virginia, May 18th, 1818; moved to Houston county, Georgia, in 1840, and began the practice of medicine. In 1849 he moved to Macon, Georgia, and rapidly built up a large practice. In February, 1860, he moved to northwestern Louisiana, to engage in planting, but in 1866 we find him again in Macon, where he was welcomed by his old patrons with open hearts, and soon was engaged in a laborious practice, continuing to the very day he succumbed and took his bed. After a lingering and painful illness of eight weeks, on the 15th day of March, 1876, he yielded his spirit to God, aged fifty-seven years, nine months and twenty-seven days.

MARRIAGES.

ARMSTRONG—COTTOM.—At the residence of John W. Cottom, Winton Place, on Thursday evening, the 4th instant, by the Rev. J. F. Conery, Dr. C. L. Armstrong, of Cincinnati, and Miss Mary E. Cottom.

POTTER—PHILLIPS.—On the 26th ult., at St. Mark's Church, by the Rev. E. A. Hoffman, D. D., Thomas Clifford Potter, M. D., and Mary Marshall, daughter of Moro Phillips, Esq.

HINCHEY—THOMAS.—On the 28th ult., Dr. W. D. Hinchey, of Cincinnati, and Martha M. Thomas, of St. Louis, at the residence of the bride.

DEATHS.

BONNER.—At Cincinnati, April 4th, Dr. Stephen Bonner. A meeting of the physicians of the city was held at the Congregational Church, April 5th, for the purpose of taking action on the death of Dr. Bonner. The gathering was quite large, and the most profound regret was expressed by all at the sad event.

BURR.—In this city, on the 14th inst., Dr. Hudson S. Burr, in the 70th year of his age.

HALL.—Suddenly, on Wednesday, May 10th, Dr. W. W. Hall, editor of *Hall's Journal of Health.*

JAMES.—In Rising Sun, Ind., April 30th, Mrs. Esther Jane James, wife of Dr. B. James, in the 71st year of her age.

ROCKWELL.—At Brooklyn, on Wednesday morning, 26th ult., Elsie, infant daughter of Dr. Frank W. and Elizabeth T. Rockwell.

RITTER.—On Friday, May 12th, 1876, Thomas Ritter, M. D., in the 71st year of his age.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1005.] PHILADELPHIA, JUNE 3, 1876. [Vol. XXXIV.—No. 23.

Original Department.

Lecture.

A CLINICAL LECTURE ON SOME EARLY FORMS OF SYPHILIS.

BY DR. F. F. MAURY.

Reported by Charles Winslow Dulles, M. D., Resident at Philadelphia Hospital, for the Med. and Surg. Reporter.

Gentlemen:—I have to-day a few cases of venereal disease to show you, and shall make some remarks of a practical nature as to their diagnosis and treatment.

Syphilitic Lichen.

Case 1.—You see upon this man a general eruption of a papular kind, which is known as syphilitic lichen. There is a history of a chancre, and here in the groin I find some indurated glands. Lichen is, next to roseola, the most common form of syphiloderm. Roseola, or erythema, consists of a congestion of the capillaries of the skin, making either a diffused redness or a spotted one, the latter being called roseola maculata. The disease we have here, lichen, is a papular disease. It consists of a subacute inflammation of the skin, with the production of the scattered papules you see. They are distributed more or less over the entire body, and are sometimes especially marked upon the forehead, as you observe in this case, forming what is termed the corona veneris. This eruption rarely itches; if it does, it is usually about the genitalia and in the head. The former, our patient tells us, is where he has itching. You are told in the books that the distinguishing mark of the syphilitic eruptions is, that they do not itch. This I do not believe to be reliable, in confirmation of which you see that this man has itching. These papules may become vesicles and pustules in him. At present, you see them pretty largely covered with desquamating epithelium.

Here let me object to some teaching which might lead you to suppose syphilis can be diagnosed with certainty from single phenomena. An English surgeon describes a condition of the teeth to which he attaches very great weight as an indication of hereditary syphilis; the French point out an enlarged gland situated above the trochlear surface of the lower end of the humerus as a sign of constitutional syphilis; but I assure you that you can make a safe diagnosis only from the sum of the symptoms you find in any case.

You will notice here an inflamed appearance of the vessels of the sclerotic around the cornea. This man has an iritis. Had I an ophthalmoscope, we would be likely to find in the muscular fibres of the iris a peculiar gummy deposit, which is said to be a distinguishing feature of syphilitic iritis. For this complication instillations of atropia have been used.

The rest of the treatment has been the protiodide of mercury and the iodide of potash, with alkaline baths. I will suggest changing the latter for simple steam baths, of a temperature of 120°, lasting twenty or thirty minutes, twice a week, if the patient can bear them. Absolute cleanliness must be observed, and good diet used, and the man will be much better in two weeks.

Just here let me say this: You may sometimes be asked by a patient in such a condition how long it will take him to get well. I

always say eighteen months. The eruption may be cured in ten days, but the cause of it will not be eradicated so soon. A man sometimes comes and says: "I am going to be married, and have been caught; how long will it be before I am rid of this?" My reply always is, "You must be under the surveillance of a surgeon from eighteen months to two years."

Case 2.—Uncovering this man, you have the most beautiful picture of the same form of syphiloderm. Atlases may be praised, but nothing can ever convey to you a more striking representation than is here. There are the same characteristics we saw before, with a similar history. Here, however, we find there has been an indurated chancre; in the other case there was a soft one. I do not care to go into the discussion of the tonicity or duality of the syphilitic infection. Views of eminent teachers have changed so often on this subject that I think it far less important to have a very decided opinion on it than to be able to recognize and treat the disease. That is what you should learn now, and what is of value to the community.

In this case I will suggest the same baths as in the former, and for constitutional treatment I will order what is very much used in Paris, and preferred to the pills of Ricord, viz.: the "Sirop Gibert," or Gibert's syrup, composed of:—

℞. Hydrarg. iodid. rub., 1 part
Potass. iodid., 50 "
Aquæ, 50 " by wt.,

dissolved, and strained, and put in 2400 parts of cold simple syrup; or, to put it into our weights, you may order:—

℞. Hydrarg. iodid. rub., grs. xvss
Potass. iodid. ℥j–℥v
Aquæ, fl.℥j–fl.℥vj.

Dissolve, and filter, and add simple syrup fl.℥l.

Sig.—A tablespoonful three times a day, each dose containing:—

℞. Hydrarg. iodid. rub., gr. ½
Potass. iodid., grs. vij¾.

Chancre and Bubo.

Case 3.—This man has a chancre on his frenum and a bubo in the left groin. The chancre might appear to be a hard one, but I warn you that this appearance may easily be presented by a soft chancre which has been so irritated that inflammatory deposits have been thrown about it.

Men often come to you, who have first attempted to doctor themselves, or have been in the hands of some friend, or an apothecary. They will fresco their penises with nitrate of silver, or some other caustic. And, by the way, if any student of mine were to treat a chancre with nitrate of silver as the primary application, I would think he deserved to have one himself. It is perfectly useless in these sores. But the effect of such treatment will simulate a hard chancre, and you must not be misled by it. I believe that much of the difficulty in regard to the estimation of hard and soft chancres grows out of making such a mistake.

This man, however, seems to have a soft chancre. He says that he contracted it about three weeks ago; it appeared in about four days, and this bubo came about two weeks later. I find it to be sensitive; the skin is somewhat reddened, and the color disappears under pressure, returning when it is removed.

The chancre must now be cauterized, either with fuming nitric acid or the acid nitrate of mercury. The action of these caustics is rapid, and their application very painful, but the pain soon passes off. The nitrate of silver, on the contrary, acts only superficially. Nitric acid will be used here. I apply it from a pointed stick. Never use a piece of sponge or brush, as they take up too much acid, and cannot be so well applied. But take the stick, saturate the point, shake off the drops at the end, and touch the sore, so as to reach every part of it. Before doing this, I dry the surface with a piece of linen, and remove the gummy secretion adhering to it. You see how the acid pains our patient; but now applying some charpie dipped in oil, the pain subsides, and he tells us it does not hurt him.

Looking at the bubo, you see that it has had the hair all shaved off it. This enables it to be kept perfectly clean, and has been the regular proceeding in this house for some time, whenever a bubo came in. Upon the surface there shall be painted six coats of tinctura iodini twice a day, and in the intervals a half brick, heated as hot as it can be borne, will be wrapped in flannel and placed over the swelling. Thus we shall hope to cause the bubo to disappear by resolution, or by what people call "backening it." If at a later period a syphilitic eruption comes out, we may hear this man attribute it to the "backening;" but there is nothing in this; it is only an opinion due to popular ignorance. He will not receive any

so-called specific treatment, for he does not now need it. Good food and cleanliness will be secured for him, and perhaps a tonic—the potassio-tartrate of iron, for example—and we shall hope to soon see him much improved.

Communications.

PUERPERAL ECLAMPSIA.

BY W. T. CHANDLER, M. D.,
Of Campbellsville, Ky.

There is no more frightful accident that can befall the parturient woman than eclampsia. It is a moment when the weakness of humanity cries loudest for aid; all around are in confusion and terror, while none but the accoucheur himself is cool and self-possessed, and it is only experience and an innate consciousness of his ability to cope with the malady that can give him a steady hand.

The peculiar interest that has always invested diseases of marked fatality is nowhere more conspicuous than in the subject under consideration. Its importance, together with the successful issue of the case to be described, I hope will be deemed a sufficient apology for its recitation.

About a month since, I was summoned to a woman in labor, and found upon my arrival that she had been in repeated convulsions for over ten hours.

The first fit came on with the earliest pains, and was followed in about two hours by another, and this in still less time by a third, and so on, at decreasing intervals. The patient was a primipara, about eighteen years of age.

At the time I first saw her she was in a comatose condition; face livid, respiration stertorous, and pupils dilated. From this unconscious stupor she was only aroused by rapidly increasing convulsions, but to relapse again into the same somnolent state of mental inertia.

Making a digital examination per vaginam, I found the os uteri very rigid, barely admitting the phalangeal extremity of the index finger. The membranes were intact. The urine was found to be highly albuminous. My first resort was to venesection. The patient being moderately plethoric, I extracted about sixteen ounces of blood from the median cephalic vein, hoping to relieve, if possible, the alarming cerebral hyperæmia by diminishing the amount of blood, and at the same time lessen the irritating effect of the urea upon the nervous system.

But the bleeding did no good, either as regards the coma or the severity or frequency of the convulsions; per contra, the symptoms of brain pressure seemed rapidly augmenting; stupor became more profound, and nervous insensibility more marked. The patient was now brought rapidly under the influence of chloroform by inhalation, with an immediate cessation of the convulsive seizures and stertorous respiration.

The necessity of artificial delivery having been determined upon, with the assistance of Dr. J. B. Buchanan I proceeded by first rupturing the membranes with my finger-nail, and then endeavored to rapidly dilate the cervix, but the os was rigid and unyielding; however, after about thirty minutes' pressure I suceeeded in pressing two fingers into the neck of the womb; these I soon replaced by three, then four, when, by a rotatory motion, the entire hand was passed into the womb. I now attempted podalic version; but on account of the rigidity of the maternal parts, together with the spasmodic contractions of the uterus itself, I was unable to reach the feet of the child.

It was with some difficulty, owing to the strong contractions of the os around my hand, that I was enabled to apply and lock the forceps to the child's head. When this was done, however, the os, yielding to gentle pressure, was readily shoved above the blades of the instrument. By gentle intermitting traction the child was delivered alive in about twenty minutes; this was followed by the placenta, which was taken away in a few moments by gently drawing upon the cord. The patient, emerging from the influence of the chloroform, had another convulsive seizure, and was still in a comatose condition. The following prescription was ordered:—

℞ Chloral hydrate, ℈ij
Potass. bromid., ʒij
Aquæ dest., f.ʒij. M.

Sig.—Tablespoonful every two hours until relieved.

Only two more convulsions occurred, and they were not severe. On the following day the patient was free from convulsions, but still very stupid, with confused intellect and inability to micturate, necessitating catheterization. From

this time she did very well until the fourth day after delivery, when she was seized with symptoms of septic poison. She had a rigor, followed by fever, temperature varying from 102½° to 104°, pulse from 110 to 125; anorexia, thirst, rapid emaciation, slight tenderness over the womb, with retention of urine. There was also delirium at night.

The discharges from the vagina were slight, but offensive. Ordered carbolized water to be used four times per diem in the vagina, to thoroughly cleanse the parts and destroy the fetid odor. Also ordered quinine, in eight-grain doses every four hours, with podophyllin and ipecacuanha to move bowels, *pro re natâ*. After five days of such treatment, convalescence began, and the patient made a good recovery. I should have mentioned that she had from the beginning a free allowance of brandy and nutritious food: milk, eggs, etc.

Now, there are several points of interest that might be discussed under this head, while we draw a practical lesson from the case as reported.

Is there any efficacy in the time-honored venesection in the treatment of puerperal eclampsia? Volumes have been written about it, and the testimony of the highest authorities sanction it, but in my meagre experience blood-letting has done no apparent good, even when carried to syncope. When the indications are, however, to relieve cerebral hyperæmia, it is demanded to prevent a laceration of the cerebral vessels and effusions in the brain tissue.

I am certain that it is an unreliable procedure for controlling puerperal eclampsia, and, however well it may appear in theory, in practice it will almost generally prove a failure. Of all the therapeutical agencies in our pharmacopœia, chloroform by inhalation is the most potent drug.

In the second stage of labor, when the head of the child impinges upon the perineum, or is absolutely distending the vulva, nature alone may be left to complete the accouchement, the patient being brought immediately under the influence of chloroform on the first indication of eclampsia. But under all other circumstances I think artificial delivery absolutely imperative. I know that I traverse a strong current in medical literature by such a suggestion.

As a rule, convulsions will increase with augmenting severity until delivery is accomplished, after which they will sometimes entirely cease, though more frequently they will continue for a while, with decreasing severity. It is especially in convulsions that continue after labor, or originate at that time, that chloral, in twenty- to thirty-grain doses, every two to four hours, may be administered with advantage.

When convulsions come on in the first stage of labor, while the cervix is yet tense, and usually rigid from spasmodic contractions, the accoucheur should dilate the os either with Barnes' dilator, or, better still, with the hand, after the manner already described. The entire hand must be passed into the vagina for this purpose.

Convulsions occurring in puerperal women, aside from epilepsy and hysteria, may sometimes depend on causes other than uræmic toxæmia: *e. g.*, the retention of urine with distention of the bladder, and the accumulation of fecal matter in the large intestines, etc.

The indications for treatment in these cases are to remove the cause.

When eclampsia seems to depend upon an abnormal hyperæsthetic condition of the patient, either as the result of hereditary dyscrasia or of mental perturbation, chloroform acts like a specific, by virtue of its anæsthetic properties.

TREATMENT OF AN ENLARGED CERVICAL GLAND BY HYPODERMIC INJECTIONS OF TINCTURE IODINE.

BY J. A. DIBRELL, JR., M. D.,
Of Little Rock, Arkansas.

During the latter part of the year 1875, I was consulted by Miss. H., sixteen years of age, for the relief of an enlarged cervical gland, situated on the left side, one inch below and slightly in front of the angle of the jaw.

The tumor had attained the size of a hen's egg, was quite elastic, movable, and painless, and presented at no time during its present growth symptoms of suppuration, nor did it appear to contain the characteristic caseous material usually found in such tumors. This gland was the only one that had ever enlarged, and with this exception the young lady appeared to be enjoying good health. On questioning her father as to the existence of scrofula in his family, he replied that no member of it had ever had a similar affection; but on

being closely interrogated he recollected that his wife, who was now dead, had a scar upon her neck, that might have resulted from the same disease. I was, therefore, probably not wrong in attributing the growth to a scrofulous taint. This opinion was further strengthened by the fact that the tumor had a year previously suppurated, and had been lanced by her physician, the scar resulting from the operation being plainly discernible. After this the tumor quickly subsided, but began in a short time to enlarge again, until it assumed the proportions already indicated, and was still steadily growing.

The patient was importunate in her requests that the tumor should be removed by excision, and she thus be relieved of the deformity.

I determined first to try the usual constitutional and local treatment employed in like cases, and if I could not by these means succeed in curing it, to yield to her request, and extirpate the offending gland. With this view I prescribed potass. iod., syr. ferri iod., ext. stillingia fld. in a menstruum of syr. sarsæ comp.; locally, tr. iodini comp. This treatment was continued for a reasonable length of time, without benefit to the patient.

I now determined to inject the gland itself with tinct. iodine; I therefore thrust the needle of a hypodermic syringe into the centre of the gland, and injected fifteen drops of the tincture. This treatment was employed, at intervals of one week, for thirty days, without decreasing the size of the tumor. At the expiration of this time, on introducing the needle, three syringefuls of a clear fluid, containing some light flocculent material, were withdrawn, using the syringe as an aspirator. The cavity thus made was at once injected with tr. iodine. Into the hole made by the needle a piece of lead wire was introduced, the outer end being bent down on the surface of the tumor, and held in position with a piece of adhesive plaster. The gland was now injected every third day for three or four weeks longer, when all treatment was suspended, and the wire withdrawn, and the needle introduced into the opening. This method was far less painful than to make a new puncture at each sitting. The wire doubtless acted beneficially in stimulating the absorbents, and the gland was thus more rapidly taken up.

I had the satisfaction of seeing the tumor disappear, without the retention of a disfiguring scar, beyond that produced a year previous to the present treatment of the case.

Dr. Morell McKenzie (*Medical Times and Gazette*, May 29th, 1875) says that by this treatment a cure may be effected either by resolution or destruction. He finds acetic acid the best for promoting resolution. With this agent he treated twenty severe cases. Fifteen were completely cured by resolution; four greatly benefited; in five suppuration took place, and three patients discontinued treatment without benefit. For treatment by destruction, Dr. McKenzie thinks a solution of argenti nitras, one drachm to the ounce, answers the best, not more than five drops of which must be used at a time.

We have in this mode of treating these indolent tumors, I think, one far superior to any hitherto introduced. The results certainly seem more satisfactory, and though protracted, it is particularly applicable to such cases occurring in females, when the retention of a number of disfiguring scars is a matter of no small consideration.

NOTICE OF THE LATE SIR WM. WILDE AND DR. WM. KRAMER.

BY LAURENCE TURNBULL M. D.,
Of Philadelphia.

In No. 1000 of this journal, I gave a brief notice of the death of Sir. William Wilde, the great reformer in the science of otology, who, after a well-spent life, full of labor and honor, died, like a full shock of corn, ready for the garner. The memory and deeds of such a man should be cherished and emulated by the rising generation of young aural surgeons. As early as 1842, he published his Lectures on Aural Surgery, which were issued in book form in London in 1843, and republished in the United States (Philadelphia) in 1853. In no work prior to this, in the English language, was the rational pathology and therapeutics of diseases of the ear dwelt upon so completely. As he himself observes, "his object was to lay down just principles for an accurate diagnosis of diseases of the ear; to rescue their treatment from empiricism, and found it upon the well-established laws of modern pathology, practical surgery, and reasonable therapeutics." The work was a practical one, the result of extensive experience, and could have been undertaken by few men so well fitted for it as the author. Pos-

sessed of extraordinarily quick perceptive faculties, highly cultivated by early discipline and use, of mature judgment and consummate skill, of untiring zeal and industry, and of high literary attainments, few surgeons have had better opportunities, or could have made better use of them, than Mr. Wilde. St. Mark's* Hospital for Diseases of the Eye and Ear, the field of his public labors in these branches, was an institution of his own creating, which has been in operation since 1842.

The work of Sir William was translated into German, and was well and favorably received, impressing the writers and readers of that country with the idea that diseases of the ear in many instances depend upon inflammation. This idea he carried too far, recommending depletion and the free use of the mercurial treatment in almost all the acute and even chronic diseases of this organ. He introduced the convenient conical specula, modified by Gruber, of Vienna, banishing the double-valved one of Kramer. Dr. A. Hewson brought specimens of them into Philadelphia, and from thence they were carried all over the United States. With them and the mirror of Hoffman and Von Tröltsch, with the air-bag of Politzer, these three agents revolutionized the treatment of diseases of the ear. Another most valuable aid in diagnosis we owe to Sir William Wilde's suggestion; that is, rhinoscopy, or a practical manner of examining the posterior nares and Eustachian tube, which was brought into actual practical use by Professor Czermak, of Prague, and is now recognized and employed by all truly scientific aural surgeons. Although we stated that this distinguished aural surgeon carried his ideas of inflammation a little too far into practice, yet we have often witnessed his judicious method of treating "otitis externa diffusa" by the employment of leeches within the first twenty-four hours (and followed by an anodyne of morphine to give sleep). Sir William states that if the leeches are freely applied, in this disease, on the *tragus*, they will check the disease or cut it short. This same plan and place is to be selected in acute attacks of aural catarrh, for the reason given by Sir William, that at this place the blood is most easily drawn from the cavity of the tympanum.

* By a typographical error in the notice of Sir William Wilde's death, St. Mary's Hospital was used instead of St. Mark's.

This authority made an important distinction between the inflammation of the membrana tympani arising from the throat and Eustachian tubes, which occurs in the exanthema, and attacks the membranes, as we say, from the rear or posterior surface, and which is not an active inflammation, but the result, as in scarlet fever, of an ulcerative, destructive, or asthenic condition. He gave the term *myringitis* to an inflammation of the drum-head, dividing it into acute, subacute, syphilitic, strumous and chronic. And this local lesion is as well defined as sclerotitis in the eye. The acute inflammation of the membrana tympani is distinguished by the vascularity, which is generally seated in the true fibrous structure or layer, and is usually the result of cold or cold winds, and often attributed to the rheumatic diathesis. On page 224 of the author's work will be found a most accurate description, which has been adopted and followed by our highest authorities.

In the work of the celebrated Von Tröltsch, translated from the German by the late James Hinton, London (1874), will be found, on page 27, a condensed account, in which he states:— "Acute inflammation of the membrana tympani, myringitis acuta, mostly commences suddenly, and at night, after any determining cause, with severe boring-and-tearing pains in the bottom of the ear, etc.; the membrane presents very marked deviation from the normal state. At first it is strongly injected, but the distended vessels appear less distinct as soon as the infiltration of the epidermis is more advanced. The surface then loses all lustre, and appears dull; the handle of the malleus becomes indistinct, from infiltration of the layer of the cuticle which covers it; it is represented, at most, by a reddish, vascular line, and the membrane appears uniformly flat."

This is our own experience, and although the disease is rare, yet in many acute cases we have seen it in private practice, and the chronic form is much more numerous in our out-door clinics and hospitals.

Dr. Wilde invented a most valuable instrument, the polypus snare, which has been variously modified, but still holds its place in the hands of most aural surgeons.

Another important suggestion of Sir. Wm. Wilde was the incision which he recommended for the relief of pain and swelling of the mastoid in periostitis, and which has been carried out

to the safety of many a valuable life. There are many minor matters, by which, if we had time and space, we could show how this classical author on aural surgery advanced over his predecessors, and made aural surgery worthy of the study of the best minds in the medical profession.

The late William Kramer, of Berlin, whose name we have associated with that of Sir William Wilde, at the head of our article, was the very opposite of Wilde in his views of the true nature, pathology, and treatment of diseases of the ear; still, they both aimed at the advancement of the knowledge of this subject, and the works of the latter have done much for the subject of otology, both in Germany and England. His first work was "An Essay on Chronic Deafness," published in 1832, and this he afterward enlarged and published as a system of aural surgery, in 1836. In the following year it was admirably translated into English by Dr. J. R. Bennett; and Wilde says of it that it was decidedly the best special treatise on the subject which had yet appeared in that country (England), where it exercised a most salutary influence upon the diagnosis and treatment of diseases of the ear. So much did the English medical men think of Kramer, that as late as the year 1863 there was issued "The Aural Surgery of the Present Day," by him, under the authority of the New Sydenham Society, translated by Henry Power, Esq. In this work he still dwells upon his hobby, instrumental investigation, and the cure of nervous deafness by vapor of ether, rejecting all pathological investigations, except by experiments conducted upon a dead body or a glass model, and adheres to his valvular speculum, which he introduced. He also gave us the air-press, by which steam and vapor of various kinds could be introduced into the Eustachian tube and middle ear. We cannot dwell long upon his fame or writings, but shall give, from a German work on aural surgery,* their views of him and his labors, now that he has passed away.

WILLIAM KRAMER.

On the 5th, 6th, and 7th of December, 1875, within the space of three days, four distinguished German physicians were called, by death, from their respective rolls, viz: Martin, Samt, Schultzen, and Kramer.

William Kramer died December 7, 1875, in the 74th year of his age, after an illness of three months, from erysipelas-migrans. At eight years of age he lost his father, a well-known and esteemed physician, and to the early training, both religious and moral, of a devoted mother, he owed much of his success. In his eighteenth year he entered the University of Berlin, and in his 35th year (1836), published his first work, which was very well received. In 1849 followed his second edition, which was recognized and translated in England. In advanced life he was energetic enough to master the English language, by which he attracted and taught many students. In 1860 he was called to consult with the physician to Queen Victoria, in London, where he remained the recognized authority on diseases of the ear, until 1866. In 1874 he gave up active practice, and devoted himself to the establishing of a son in London.

We are indebted to Kramer for the improved method of examination with the aural mirror; his extended application of the Eustachian catheter, as well as its methodical manipulation; his use of the sound, and the value of auscultation for purposes of diagnosis; further, for his accurate diagnoses, characterized by critical examinations, with a determination of settling all questions sub-judice. In his nature he was conservative, perhaps too much so, and hence was distrustful of all new departures in the way of methods of treatment, etc. Not because, as Billroth affirms in his work, 'Lehren und Lernen,' 353 (Teach and Learn), the therapeutics of otology are the most thankless and uncertain department of surgery, nor that a certain amount of heroism is connected with it, nor that so much has to be sacrificed to it, but because of the difficulty, in former times as well as at present, that, through the disfavor of external circumstances, whether correct or incorrect, objections, mistrust, would creep in. Against these, as well as all forms of charlatanry, Kramer labored his life long, and during forty years of active practice of aural surgery.

When we reflect upon the knowledge and truth he has labored so patiently with all his energy to establish, we must render to him an honorable tribute, not only as a man, but as the most assiduous physician within the domain of aural surgery (otology).

* Archiv für Ohrenheilkunde, xi bd., 1 hft.

—Professor Korner, who occupied the chair of Clinical Medicine at Gratz, has lately died of meningitis, after a three days' illness.

Hospital Reports.

LONG ISLAND COLLEGE HOSPITAL, APRIL 1st, 1876.

CLINIC OF PROFESSOR JARVIS S. WIGHT.

Reported for the Medical and Surgical Reporter by Benjamin F. Westbrook, M. D.

Case of Fracture of the Inferior Maxillary Bone.

R. S., aged twenty-nine, a laborer, was injured, two days ago, by a blow on the face from a club.

The first sign to which your attention is called is the displacement of the anterior portion of the bone, downward and backward; showing that the fracture is oblique, extending from without inward and backward, and from above downward and backward, as is frequently the case. The obliquity of the fracture from without inward and backward, splitting the bone, as it were, evidently more widely opens the dental canal, and so exposes a greater length of the nerve and vessels than where the fracture is transverse; so that displacement could be more marked without injury to those structures. The action of certain muscles comes into play here. The posterior portion is held backward and upward, in its proper position, by the temporal, masseter, and internal pterygoid muscles; while the anterior portion is drawn downward and backward by the digastric, part of the mylo hyoid, genio-hyoid, and genio-hyoglossus.

The next sign is bony crepitus. In examining for it, you should use the greatest care, so as to avoid injuring the dental nerve and artery. In this case, the nature of the injury is so manifest that we will not pain the patient by trying to get this sign.

Preternatural mobility, pain, and a break in the dental arcade are the other three signs. You see, in this case, that the regularity of the dental arcade is interrupted at a point between the left bicuspid teeth. When the neighboring teeth are loosened, push them back into their sockets, and they will usually remain. If a tooth in the line of fracture is very loose, the best authority tells you to pull it out. You see we can replace the displaced bone almost completely. The reduction can usually be thus easily accomplished, but sometimes it is extremely difficult (as in a case reported by Dr. Buck).

As for splints, some have used ligatures of silver wire and other flexible substances to tie the adjoining teeth together, and thus maintain proper apposition of the fragments. This plan has often been found undesirable, and sometimes pernicious. I would recommend to you the interdental splint. It is made of various substances. Gutta-percha is frequently used, a simple flat piece being warmed and moulded to fit the teeth. A better splint is made of hard rubber. Wax is softened and placed between the jaws; the lower maxilla is then pressed up against it, and an impression of the form of the dental arcade is thus obtained; then a cast of plaster-of-paris is made from this, and the rubber moulded to the cast. It is then vulcanized*. You see how admirably this one, made in the way I have described, answers the purpose.

To keep the jaw up, we mould a piece of gutta-percha to fit the chin, cut holes in it for ventilation, and pad it with a little cotton. I lift the jaw and press it backward a little, in order to bring the fractured surfaces in apposition.

Many forms of bandage have been applied to retain the jaw in place; the principle in all is the same, viz., to pull the jaw upward and backward. I will secure this with a six-tailed bandage, in the central portion or body of which you see me cut a slit, so that it will catch upon the chin supporter and not slip. The two posterior tails (one on either side) are brought up almost vertically and cross the vertex just in front of the coronal suture. The middle tails pass upward and backward over the ears, and the anterior ones are carried directly backward above the occipital protuberance, the occiput. Notice the way in which they are secured. I have here an oblong pad, about two inches wide, which is placed on the top of the head, and is long enough to reach from the forehead to the occipital protuberance.

Here is a piece of ordinary wire (screen) cloth, zinc-coated, of the same length and breadth, nearly, as the pad. It is a little smaller, so that its edges may be guarded. You see that in six places, three on each side, I have cut through some of the wire meshes, leaving thus free points, directed toward the centre, that are used as buckles. The ends of the bandage I now draw through these cut spaces, and buckle them as tightly as is necessary.

Note.—The patient returned to the surgical clinic two weeks after the dressing was applied, and it was found not to have become displaced sufficiently to require the slightest readjustment; and at the end of four weeks all appliances were removed, showing as perfect a result as has ever been obtained in this institution.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Stated meeting, April 26th, 1876, Dr. Charles K. Briddon, President, in the chair.

Report of Cases of Exsection of Hip-joint—Fish Bone Removed from Pharynx.

Dr. L. A. Sayre presented specimens and read the histories of eight cases of morbus

* The vulcanized rubber used by dentists, and of which this splint is made, is said, by some, to be objectionable, from the fact of its being colored red with vermilion. Cases of mercurial sore-mouth, from wearing this substance in the mouth as a plate for artificial teeth, have been reported. Perhaps it is better to use black rubber.

coxæ, in which he had exsected the hip-joint. The first case was a child four years old; family history good; parents did not remember that the patient had ever received any injury. The child was greatly debilitated, owing to a profuse discharge of pus proceeding from the affected joint. On March 28th, 1875, exsection was performed. On opening the joint, it was found that the head and neck of the femur had been absorbed, and that the upper portion of the shaft was covered with a thick involucrum. The femur having been sawn off below the lesser trochanter, it became a necessity to remove an additional fourth of an inch of the bone, which was diseased. The patient was then placed in a wire cuirasse.

June 13th, 1875.—Sinuses nearly closed. Patient placed in long extension splint.

January 1st, 1876.—Can walk with splint applied; some motion at hip-joint; sinus on posterior of ilium not entirely healed.

The second case was that of a boy, aged five years; family healthy. Two years and a half before, the patient fell and struck his knee, from which time the disease dated. Blisters had been applied at intervals, at the seat of the disease. When Dr. Sayre saw the patient, he was greatly emaciated, and the disease of the hip-joint was in its third stage. On April 31st, 1875, the joint was exsected. The head of the femur had been partly absorbed, and a portion of it was lying loose in the cavity of the joint Perforation of the acetabulum was detected, and the neck and part of the shaft of the femur were absorbed.

February 2d, 1876.—Sinus closed. There is motion at joint. Can stand upon leg on removal of splint.

The third case was that of a girl, six years of age; family history good; no recollection of having received any injury. Has been lame since February, 1872. When Dr. Sayre saw the case, the following condition was observed: The leg was shortened, fixed and adducted, and two sinuses were found on the anterior aspect of the thigh. Exsection was performed on March 31st, 1875. The head and great part of the neck of the femur had been absorbed, and the acetabulum perforated to the extent of half an inch in diameter. The femur was sawn off half an inch below the lesser trochanter. Fragments of dead bone were removed from the acetabulum. In August, 1875, the child had almost thoroughly recovered.

The fourth case was that of a girl, aged five years. The patient, when seen by Dr. Sayre, was in the third stage of the disease. No history could be obtained. There was partial anchylosis of the limb, and in the position usually characteristic of hip-joint disease. Several sinuses were found, opening on the outer and posterior parts of the thigh. The usual operation was performed on September 22d, 1875. The head had been absorbed in great part; its remaining portion was unattached in the joint. The acetabulum was perforated; in the opening were found remains of the head of the femur. The femur was sawn off above the lesser trochanter.

November 18th, 1875.—Patient removed from the cuirasse and placed in the long splint.

February 2d, 1876.—Since the application of the long splint, the patient has been walking about. The long splint was removed, and instead a short hip one was applied. The sinuses were almost closed.

The fifth case was that of a girl, aged three years, of healthy parents. No history of injury. The first indication of the disease appeared in the summer of 1874. During the summer of 1875 an abscess made its appearance on the posterior aspect of the thigh; this continued discharging at the time the operation was performed. There was anchylosis, shortening, and adduction of the limb. On September 29th, 1875, exsection was performed. Absorption of the head, neck, and part of the greater trochanter had occurred. The acetabulum was perforated. The dead bone having been removed, the patient was placed in a cuirasse.

December 13th, 1875.—Patient can walk about.

The sixth case was a girl, seven years old; she had jumped from a high stoop two and a half years before the operation, from which time she complained of her hip. A diagnosis of morbus coxæ, in the second stage, was made by a physician who saw her three months after the occurrence of the accident. The application of a short splint was resorted to, and worn by the patient for three months with benefit, but was discarded during an attack of scarlet fever and was never reapplied. The limb was flexed, adducted and anchylosed at the time of the operation, and a number of sinuses were seen near the hip, through which, when a probe was introduced, could be detected the presence of dead bone. The exsection of the hip was performed on December 15th, 1875. Partial absorption of the head of the bone had taken place. The femur was sawn off below the lesser trochanter.

February 2d, 1876.—Patient placed in long splints.

The seventh case was a boy, aged nine years, whose mother died of phthisis. The disease existed for three and a half years before the patient's admission to Bellevue Hospital. On entering the hospital, flexion of the right leg at the hip and knee joints existed, and an abscess was detected over the right anterior spinous process. Symptoms of amyloid degeneration of the liver and kidneys were manifested. Exsection was performed on February 2d, 1876. The head was partly absorbed and the acetabulum perforated, through which the head of the femur had passed, making luxation impracticable until the bone had been sawn off below the trochanter minor. There was some hemorrhage from the involucrum, which was controlled by a compress. The child was placed in the wire cuirasse, which had subsequently to be removed, on account of a bed-sore. It had then to be placed on a water bed and a splint applied to the unaffected side. The patient died on April 19th, 1876, from exhaus-

tion. On post-mortem examination, it was found that the liver, spleen and kidneys were waxy.

The eighth case was that of a boy eight years of age, whose family history was good. Five fistulous tracts, leading to diseased bone, were detected by Dr. Sayre. Exsection was performed on April 5th, 1876. The head and neck of the femur were absorbed, and the acetabulum was perforated. An abscess was found to exist between the ilium and inner periosteum.

Dr. Erskine Mason wished to know how many of the whole number of cases upon which Dr. Sayre had operated had died within the first year after the operation.

Dr. Sayre said that he could only answer from memory, but he did not think that more than eight had died, and of this number only three were uncomplicated.

Dr. Mason thought that in almost all of the cases where lengthy suppuration had occurred there was amyloid degeneration, and he was of the opinion that it became important to ascertain if, after exsection of the diseased bone, the amyloid degeneration was arrested in its progress. He referred to a case upon which Dr. Sayre had operated a few years ago, the patient having recovered, though there had been extensive amyloid degeneration of the liver and kidneys.

Dr. Sayre said that the condition of this patient had been unfavorable in the extreme, and that after his recovery from the effects of the operation his health continued good for upward of two years, at the end of which he died of an attack of acute nephritis, caused by exposure to cold. This patient's age was ten. No autopsy had been obtained.

Dr. Gibney said that he had remarked that when patients were affected with extensive degeneration of the viscera the arrest of a chronic discharge of pus lessened the amount of degeneration, as shown by a diminution in the size of the liver and a decrease in the amount of albumen and casts in the urine.

Dr. Knapp thought that it was impossible, in the present condition of pathological research, to state what might be the duration of amyloid degeneration. He mentioned a case of amyloid degeneration of the choroid, which he had presented to the society at a meeting in June, 1873. Not long ago he had seen the patient, whom he had found in perfect health. The arteries of the choroid had been involved in the degeneration.

The other specimen presented by Dr. Sayre was the shoulder of a codfish that had been removed from the pharynx by a parachute probang.

Morbus Coxæ.

Dr. A. B. Crosby presented a specimen of hip-joint disease, in which the cure was spontaneous. The history of the case showed that it had gone through a suppurative stage of long duration, resulting in death. Drs. Sayre and Crosby had examined the case, but as a cure had occurred which was almost complete, it was thought best not to operate. A cure was manifested by firm anchylosis and decrease of suppuration. The autopsy showed that the tissues near the joint were quite healthy, with the exception of sinuses leading from three openings in the anchylosed articulation; one sinus was detected passing in front of the anterior inter-trochanteric line, and discharged pus into an abscess situated on the inner side of the thigh; another sinus originated from an opening in the roof of the acetabulum, and communicated with an abscess immediately below the pubes. A button of bone had been removed by the trephine from the anterior surface of the joint before it was shown to the Society. By this little device a view of the interior of the joint was obtained, and the remains of the loose carious head were visible. The whole of the head would have become disintegrated, and the fragments would have found their way out through the sinuses, had the patient's strength not failed.

Dr. Crosby was in favor of operating as soon as dead bone was discovered.

Dr. Sayre thought that if no improvement followed drainage and extension, it would be advisable to operate. When cases are left without any treatment, the results are a slow cure, with anchylosis and shortening.

Epulis of Inferior Maxilla.

Dr. Beverly Robinson presented a specimen of epulis which he had removed. He gave the following history:—

The patient, a female, first noticed a swelling of her gum, to the left of the median line, three years ago, which gradually became larger in size for six months, when she became pregnant. During her pregnancy the tumor grew rapidly in size, but after delivery became less rapid in its development. The patient was first seen one month ago, at which period the tumor was of the appearance and size of a cherry. It was sensitive in damp weather, but was not painful otherwise. Upon examination the tumor was found to be of a rosy hue and attached to the left lateral incisor by a broad base, but was not adherent to the bone; no pulsation could be detected. The operation for its removal consisted in excising a portion of the bone at the base of the tumor. On making a section of the tumor it was found to be homogeneous, and did not contain an incisor tooth, as had been suspected. A microscopical examination of the growth showed it to belong to the class of spindle called sarcoma. The glands in the vicinity of the tumor were not enlarged.

Dr. Mason stated that he had seen several cases of epulis return after the operation. In one case the disease reappeared four months after the operation.

Dr. Crosby said that in one case in which he had operated, he removed the tumor and periosteum; the disease, however, had reappeared one month later. Subsequently he had had

occasion to operate again, when he removed a portion of the subjacent bone, without a recurrence of the disease.

Dr. Briddon said that in two or three cases he had remarked that there was no enlargement of the glands in the vicinity of the disease.

Sarcoma of Tongue and Pharynx.

Dr. Delafield presented the larynx, pharynx, and the posterior part of the tongue, with a history as follows:—

A woman aged 77 years had been admitted to Roosevelt Hospital on March 17th, 1876. She had noticed an enlargement of the cervical glands of the right side four months before her admission to the institution. Shortly afterward a small tumor had made its appearance on the right side of her tongue, extending over the base and involving the pharynx and posterior nares. Dr. Weir had excised a portion of the tongue. During the operation the patient had become asphyxiated. Tracheotomy was performed and the patient recovered, but died of bronchitis eleven days later.

Autopsy.—The tongue at its base, the walls of the pharynx, the posterior nares, and a portion of the epiglottis were involved in the disease. Infiltration of the cervical glands and tissues of the neck was found. The lungs were the seat of lobular pneumonia and gangrene.

Dr. Delafield was of the opinion that the inhalation of particles of gangrenous matter from the tumor in the mouth had been the cause of the condition in which the lungs had been found. A microscopical examination showed that the disease belonged to that variety of sarcoma which originated in the lymphatic glands. Though the clinical history of the case would lead to the idea that the disease was epithelial in character, the microscope failed to show it.

Dr. Delafield stated that he had never before seen a tumor showing the same characteristics as to locality and progress. He further said that he knew of no reported cases.

Dr. Heitzman said that he had seen a case like it.

Dr. Beverly Robinson mentioned the case of sarcoma of the neck which he had presented a few months ago. He knew of no other case of the kind.

Fracture of Femur.

Dr. Erskine Mason presented a specimen of the head, neck, and part of the femur. The history was as follows:—A negro woman, aged sixty, had received an injury producing fracture of the femur below the trochanter. She had Bright's disease and bed-sores, and survived a few months after the occurrence of the fracture. She had been treated by Buck's extension. At the autopsy complete union of the fracture was found.

The other specimen presented by Dr. Mason showed two oblique fractures of the shaft of the femur. A woman, aged seventy, while walking, had fallen, and had received the above-named injury. The treatment had consisted in the application of Buck's extension. She died forty days after receiving the injury, of bronchopneumonia.

The point of interest connected with the case was the situation of the fractures. In such an old person intracapsular fracture would be expected, and not fracture of the shaft.

Suppurating Bursa.

Dr. Post presented a specimen of a bursal sac, removed from a patient aged forty-five. It had existed for six years, but commenced to suppurate during the past few months.

Editorial Department.

Periscope.

Hypodermic Use of Ether in Labor.

The following case is recorded in the *Medical Press and Circular*, by A. V. Macan, M. B., Assistant Physician to the Rotunda Hospital, and Obstetric Surgeon to the City of Dublin Hospital.

The patient, who was pregnant for the eleventh time, had had good health till within nine weeks of her confinement. She then began to complain of a gnawing pain in the lumbar and hypogastric regions. The abdomen was much larger than in any of her former pregnancies, which was caused by hydrops amnii. The amount of urine passed was much below the normal quantity. The labor was very tedious, from uterine inertia. The membranes were therefore ruptured, when an immense quantity of liq. amnii escaped. The fœtus belongs to the class of anencephalous monsters, the diagnosis resting chiefly on the unusual shape of the mastoid processes, and the violent movement of the fœtus when the finger came in contact with the exposed portion of the medulla oblongata. It was born without artificial assistance, but its birth was followed by post-partum hemorrhage and retention of the placenta. This necessitated the manual removal of the placenta, which was accompanied with but slight additional loss of blood. The woman, however, got gradually worse, exhibiting all the symptoms consequent on severe loss

of blood. I therefore determined to try the effect of the subcutaneous injection of ether, as recommended by Professor v. Hecker, of Munich.

As some blood was still escaping *per vaginam*, I thought it necessary to combine it with the injection of the perchloride of iron into the uterus. Soon after 44 ♏ of ether had been injected well into the cellular tissue of the abdominal walls reaction suddenly set in. The change was so sudden and unusual that no doubt could be entertained that it was due to the ether. The woman's convalescence was rapid and uninterrupted, she being able to leave her bed on the twelfth day.

The chief point to be attended to in making the injection is to pass the syringe well down in the subcutaneous cellular tissue, otherwise troublesome abscesses may form at the seat of the injection. The quantity to be injected depends entirely on the pulse. Professor v. Hecker frequently injects from two to four drachms at short intervals. The effect is very transient, so that the injection may have to be repeated. Its use need not be confined to collapse from post-partum hemorrhage. I have also tried it in accidental hemorrhage, rupture of the uterus, and puerperal fever, in all cases with more or less effect. Dr. Atthill, the present Master of the hospital, has used it with good effect in a case of placenta prævia, and it has been used by Dr. Bennett and Dr. Croly for collapse in cases of strangulated hernia. Professor Winckel, of Dresden, has used it in a case of pulmonary embolism following delivery, where it completely relieved the intense paroxysms of dyspnœa.

Treatment of Orchitis.

In the *Lancet*, Dr. J. R. Beck, of Indiana, details his treatment of orchitis as follows:—

I premise with the declaration that while the application of the principle may have been original with me, yet the principle itself is a very old one, and therefore no credit attaches to my application of it. The point to be gained in the treatment, as it appears to me, is to reduce the swelling as rapidly as possible. This may be attained in numerous ways, notably by the old method of "strapping." But strapping the organ is open to two very serious objections: 1st, that it does not furnish an equable support and pressure; and 2d, that it has to be frequently renewed, and thus makes too much work for the surgeon. All this I avoid by simply taking what are called "male safes" or "condoms," two of which I combine by introducing the one within the other, and drawing this "glove," as it were, over the testicle. I have lately used the toy balloons, which are made of india-rubber, for the same purpose. This is all I do for these cases. The rubber exercises equable and continued pressure upon the testicle, and the patient walks away very much happier than any punctured cases. I am a little surprised that none of your correspondents ever hinted at this plan, seeing that I published it nearly or quite three years ago. No internal treatment of any kind is deemed necessary.

Dr. E. Lloyd writes on the same subject:—Of late I have pursued a plan of treatment (I believe first introduced by the late Mr. Moore, of the Middlesex Hospital) which has proved in my hands more efficacious, and which, I think, recommends itself for its extreme simplicity and inexpensiveness; moreover, in private practice patients have a dread of cold steel when it can possibly be avoided. The testicle is first immersed in water as hot as can be borne, and kept in it from ten to fifteen minutes, immediately to be followed by a stream of cold water poured over it from a height for five minutes. The latter causes a certain amount of aching pain, and, by contracting the dartos, corrugates the scrotum, speedily diminishing the size of the testicle, with subsidence of the inflammation and pain, the patient experiencing relief in a very short time. The hot and cold water may have to be repeated two or three times a day for a few days; but frequently the patient is so far recovered in the course of four-and-twenty hours as to be able to follow his usual avocation without any inconvenience, requiring no further treatment beyond the continuance of the suspensory bag.

Glycosuria from Injury.

At a late meeting of the Clinical Society of London, Dr. Buzzard related a case of glycosuria following cerebro-spinal concussion. The patient, a watchmaker, aged forty-one, stepped out of a train on the night of January 17th, 1875, alighting on the permanent way instead of the platform. The distance was about three feet, and he fell heavily on the soles of his feet. He felt a "rick" in his neck and numbness across the cervical region, but was able to walk home. He went on with his work for a week, sleeping badly, and with occasional numbness in the back of his neck. A week later there was loss of power in both legs and in the left arm, and some numbness in the soles of the feet. From February 1st to 15th there was loss of power in the left arm and leg, but at the latter date he resumed his work. Dr. Buzzard saw him, in consultation with Mr. Shurlock and Dr. C. Bennett, on April 1st; there was then some want of power in the legs, and slight loss of sensation and of power in the left hand, tremulousness of the jaw on movement, hesitation and thickness of speech, and a rapid pulse. The symptoms pointing to injury to the medulla oblongata, Dr. Buzzard suggested an examination of the urine for sugar, and on testing it sugar, to the amount of two or three grains in the ounce, was discovered. The patient had his urine tested from time to time, and the quantity of sugar increased during the twelve months which had elapsed. The sugar was constantly present, except for a short time when he was on restricted diet. The patient made a claim against

the railway company, and the case came on for trial, but was compromised on account of the unfavorable report of the company's medical advisers. At the present time, although the muscular symptoms had disappeared almost entirely, the urine was still saccharine, and when recently examined by Dr. Pavy contained nearly nine grains of sugar to the ounce; but the quantity of urine was not increased. Dr. Buzzard pointed out that the most important question medico-legally was whether the glycosuria resulted from the fall or had existed previously. There was no distinct evidence of ill-health before the fall, and the patient's weight, which, when first examined, was an average one for his height, decreased by one stone during the first three months; and if the same rate of decrease had been going on for some time, he must have been a bigger man than the evidence showed he had been. Dr. Buzzard attributed the glycosuria to the injury. He explained its occurrence by the fact that the shock would probably affect mostly the medulla oblongata and the base of the skull. Minute hemorrhage might occur, and subsequent irritation and sclerosis be induced. He raised the question whether a traumatic glycosuria might go on and develop into true diabetes. The continuance of the sugar in the urine for some months rendered the prognosis an unfavorable one.

A Case of "Angina Ludovici."

A case of the disease so called is described in the *British Medical Journal*, by Dr. A. Doig, as follows:—

Private R. J., 23d Fusiliers, aged 22, four years in service, was admitted on February 4th. He had been complaining for some time prior of swelling in the neck, which had increased to such an extent that he was forced to report himself sick. On admission, the swelling was chiefly confined to the left side; the submaxillary, sublingual, and parotid glands of this side were swollen, intensely hard, and very painful. The right submaxillary gland was also very hard and tender, but not swollen to the same extent. The lower jaw was fixed and partially open; the tongue was pushed upward to the roof of the mouth; deglutition was almost impossible; saliva dribbled from the mouth; breathing was somewhat difficult, and the pain and discomfort intense. His general state was one of great depression; his countenance anxious. He could get no sleep; and it was with great difficulty that he could be got to swallow a little nourishment. The skin over the swelling was of normal color, but slightly œdematous under the angle of the jaw. Stimulants and nourishment were given frequently in small quantities, and fomentations continuously applied. The swelling continued, however, to increase, but never lost its intensely hard character; the skin became more œdematous, and breathing became more and more difficult. The agony was now intense; and, as pus was suspected to be present, exploratory incisions and punctures were made under the tongue and externally, but no matter escaped. He continued in a state of the greatest agony up to the afternoon of the 8th, when he expired rather suddenly.

Examination forty-three hours after death.—A large swelling occupied the neck, chiefly on the left side, but extending somewhat to the right, and down to about midway between the lower jaw and clavicle. On removing the skin over the swelling, the tissues were found in a gangrenous state, being infiltrated with a brownish-colored, very fetid, semi-fluid matter. The tissues involved extended from the middle line in front to a little behind the angle of the jaw, and from the floor of the mouth above to the lower border of the cricoid cartilage below. All the tissues, glands, muscles and areolæ were involved. The larynx was surrounded by the morbid mass, but the tissues posterior to the pharynx were not involved. The portion of the lower jaw in contact with the diseased glands was denuded of periosteum. The mucous membrane of the fauces—that covering the epiglottis, and the whole of that of the larynx—was in an œdematous state. The tonsils were slightly ulcerated, but not involved in the destructive changes seen in the neck. The lungs were deeply congested, and both contained numerous hemorrhagic infarctions. At each apex a caseous mass was found, and the lung-tissue around contained numerous small deposits of tubercle. Both right and left cavities of the heart were filled with clots partly decolorized. Nothing abnormal was found in the other organs.

Symptoms of the Plague.

As there is some danger of this disease reaching Christendom, we give the symptoms as observed in Mesopotamia last year by Mr. Colvill. The person attacked first appears absent, and if away from home, say in the bazaar, he rushes away toward the house, speaking to no one, and entering his dwelling mechanically, so to speak, drops upon his bed as if in despair, or as if wandering in his mind. Then fever sets in, and the patient becomes stupid, his eyes red and turbid, his looks those of a drunken man; or he is delirious, and if asked a question answers only by a groan. His tongue is swollen, generally blackish-brown, and fissured, sometimes white or yellow. There are invariably sordes about the teeth and gums, the thirst is intense, and in certain cases, if the patient be able to speak, he complains of pain in the epigastrium, as if being stabbed with a knife. There is little vomiting, but occasionally the patient vomits blood toward the end. The breathing is hurried, and the pulse, during the stage of feverishness, very rapid. The urine, as a rule, is natural, often pale and abundant; but, as the case goes on, blood is often passed from the bladder. There is almost always obstinate constipation (as in the great plague of 1665 in

London); and when diarrhœa occurs, it is looked upon as a good sign. When the fever leaves, the patient bursts into a profuse perspiration and becomes sensible, though very weak.

At the time of the fever setting in, or oftener, a few hours afterward, there is intense pain in the groin, armpit, or neck, followed, and in some cases even preceded, by swelling of the lymphatic glands. No case occurred in which the swelling of the glands was absent. The glands of the groin were most frequently affected, next the glands of the armpit, the glands of the neck suffering more rarely. As a rule, the glands of one groin only were affected. Commonly several associated glands enlarged (not one only), one being much larger than the others—as large as a walnut or a pigeon's egg. Petechiæ occurred in fatal cases. Carbuncles were observed in 1874, but not in 1875, and were looked upon as a good sign. In fatal cases death occurred from the second to the seventh day. If a case survived the twelfth day, it was considered to have escaped. The mortality during the first half of the outbreak was from 93 to 95 per cent. of those attacked. During the latter half of the outbreak the greater number of the attacked escaped.

The earliest cases of plague observed on the Euphrates in 1874 were almost all marked by black vomit, headache, fever, and swellings in the parotid, axillary, or inguinal regions, varying in color from pale red to black, and after death black spots (petechiæ) were observed on the skin.

The Innervation of the Tensor Tympani.

The following are the conclusions of a paper on this subject, by Professor Voltolini, of Breslau, published in *Virchow's Archiv*, and translated in the *Journal of Nervous and Mental Disease*:—

1. Noticeable and strong contractions of the tensor tympani were incited by irritation of the trigeminus, which can be kept up for a long time in the dead body; the contractions almost always follow the application of a weak electrical current.

2. The same result follows the irritation of the facial nerve, but almost always only with a powerful current; the irritation is, generally, soon exhausted.

3. By this contraction of the tensor, the membrana tympani is drawn powerfully inward by the handle of the malleus; this, however, is naturally different in different species of animals: in guinea-pigs it is so slight that it can hardly be seen without the use of some mechanical appliance.

4. With this contraction of the tensor and the consequent tension of the membrane, we see *in the dead animal* the lymph rise in the opened semicircular canals, and fall again on released tension.

5. In no case, neither by irritation of the trigeminus, nor the facialis, nor even by mechanical movement of the stapes, was there observed any simultaneous movement at the fenestra rotunda, that is, of the membrana secondaria tympani.

6. Simultaneously with the irritation of the trigeminus and the resulting contraction of the tensor, there is contraction of the palatal muscles, and dilatation of the Eustachian tube as the anterior membranous wall is withdrawn from the posterior cartilaginous portion.

The conclusion from all the experiments is, that the tensor tympani is innervated by both the facial and trigeminus nerves.

Treatment of Cleft Palate without Operation.

The *Lancet* states that in St. Thomas' Hospital Mr. Mason has, at the present time, under observation several interesting cases of congenital cleft palate, which he is treating by the application of strong nitric acid alone, and consequently without the use of the knife. The ages of the patients vary from a few weeks to several years. Mr. Mason thinks that this method of effecting union is especially applicable to cases in which the cleft is of average extent, and even where the hard palate is partially implicated. In more severe instances the ordinary operation may be required. Mr. Mason finds that the application of the acid is attended with no pain or inconvenience whatever to the patient, and although the cure is more slowly accomplished, it has the advantage of being sure, and of completely closing the fissure in the most perfect manner, without the risk of the parts giving way, either wholly or partially, as too often happens after the usual operation of staphylorraphy. A further gain seems to be that the cases may be dealt with as out-patients, as in all the examples now under notice. Mr. Mason, after many trials, prefers the strong nitric acid to any other form of caustic.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Among the poetical tributes to the Centennial anniversary, one of the best we have seen is by Mr. William A. Davies, of Mahanoy City, Pa. The *Press*, of this city, an acknowledged authority on such subjects, speaks of it as not surpassed by any as yet offered to the public. What adds a special feature to it is that the writer is a medical student; Professor T. S. Jones, who composed the music, is a pharmacist; and the publisher, P. A. Bissell, is a physician.

THE

Medical & Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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LICENSE LAWS.

It is not our intention to urge *ad nauseam* any subject on our readers, however important we may think it to be. And if we refer once more to the propriety of subjecting women who live by unchastity to police and medical surveillance, it is because it is a subject which will be discussed, by appointment, in several leading medical societies this summer.

A local paper, moreover, informs us that Mr. Henry J. Wilson, of Sheffield, and the Rev. J. P. Gledstone, of Chesterfield, England, are now in this city as delegates from an influential organization for the abolition of the license laws which exist in Europe and in some portions of our own country. Their special errand in Pennsylvania is to enlighten the public mind on the above subject, and in connection therewith, particularly on bill No. 88, introduced in March, 1874, by Mr. A. L. Cressler, into the Legislature, but not passed.

These gentlemen assert that the movement for the abolition of the prostitution laws is gaining ground daily in England, France, Switzerland and Italy.

It will be observed that neither of these delegates is a medical man. Noticeable in this connection is it that not a single medical journal of any standing in Great Britain or on the Continent of Europe opposes these laws. They are all strongly in favor of them.

In the January number of the *Vierteljahrschrift für Gerichtliche Medicin* is a very able article by Professor Dr. E. Strohl, of Strasburg, discussing in a dispassionate manner the propriety, the possibility, and the success and ill-success of this class of enactments. He gives the results of legislation and non-legislation in Berlin, quoting from Behrend's work and the public hospital and police reports. For Paris, Jeannel; for Bavaria, Dr. Majer; for other countries, Ryan, Acton, Lagneau, etc., are his authorities. He recognizes that those who start out with a preconceived absolute theory of right, and wish to bend to it every statute of legislatures, will oppose licensing in any form what is wrong. But when it is shown by undeniable evidence that such legislation has been powerful in diminishing crime, then either the conflict between it and the absolute theory of right is superficial and in appearance only, or else this theory requires modification.

Professor Strohl proceeds to examine the objections to such legislation. These are, that it does not stop syphilis; that it does not put an end to private unchastity; that it facilitates seduction; that the dread of infection should not be diminished, inasmuch as this dread is a preventive check to crime; that it is an attack on personal liberty to enroll public women; and that the State should always prescribe what is right, not aid what is wrong.

His answers to these objections are temperate and firm. Of the last-mentioned he quotes the remarks of Hugel, in his *History of Prostitution* in Vienna:—

"The laws of a commonwealth must be

framed to meet the nature of man *as it is*, and make those concessions to it which its weaknesses require. The Church, setting before it the ideal man, as *he should be*, is right in allowing no such concessions, and should not yield in its zeal to secure the absolutely pure; but this zeal should never carry it so far as to interpose a categorical veto on the action of the State, because all the duties of the Church are not also duties for the State. The latter, framed for and by the citizens, must not, in its laws, pass beyond their condition and present needs, and wherever an unavoidable vice presents itself, must take cognizance of it. Such a vice is prostitution; it is, and it will be, and not the less, but the more and the more threatening, when it is denied, or persecuted, or passed over in silence as if it were not."

In concluding his article Prof. STROHL states that the evidence is complete that both the sanitary and moral interests of a community are benefited by the licensing laws. They should have, he goes on to say, a double purpose. They should prevent public immorality and the temptation of youth (of both sexes), and they should protect public health.

The former he deems justly the more important. Any one who contrasts the streets of Berlin or Paris with those of even provincial English cities, will observe how vice flaunts publicly and unrestrained in the latter, while in the former its enticements are at least concealed. Last summer a year the writer passed a few days in Paris, and shortly after a short time in Norwich, Norfolkshire. The contrast was most unfavorable to the latter. A man is accosted a dozen times there to once in Paris. Yet this is the state of things these English visitors seek to foster in this country!

NOTES AND COMMENTS.

The Medical Features of the Exhibition.

We give this week the first of a series of letters, which will regularly appear in the REPORTER, on the medical features of the Centennial Exhibition. They will be written by various gentlemen, each a competent judge of the department he will undertake. When completed, these letters, and the volumes which contain them, will have a peculiar and permanent interest. We commend their attentive perusal to our readers, whether they expect to visit the Exhibition or not.

The Man of the Fork.

About two years ago we mentioned the case of a young man in Paris who in jest swallowed a fork.

About three months ago Dr. Labbé thought the proper time was come to attempt gastrotomy. Accordingly, applications of caustic were made to insure adhesion between the organ and the skin, and the position of the fork, as indeed every other circumstance, seemed very favorable.

The fork has been extracted, but it has not been without great difficulty. The operation proved a most arduous and anxious one. Notwithstanding the attempts which had been made to secure adhesion between the stomach and the abdominal walls by successive applications of caustics, the peritoneal cavity had to be opened, and the operation was accompanied by all sorts of turns and risks. At last accounts the patient was doing well. He endured the operation very nicely, and no bad consequence took place.

Experiments on Bile.

At the Roman Academy of Medicine, lately, a paper was presented by Professor Moriggia, entitled "Certain Chemico-organic Experiments on some New Properties of the Bile," which maintained:—1st. That the acid bile precipitates alkaloids and glucosides, and redissolves them if added in slight excess. Professor Moriggia here asks whether the bile so prepared might not reasonably be regarded as an antidote for the poisonous alkaloids and glucosides; whether it is not capable of assisting the other antidotes more or less efficacious by its property of arresting the process of digestion of the gastric juice? 2d. That the bile precipitates all the albuminoids, or their derivatives, in acid solution; nay, that it is better supplied with this property than with the already known precipitants, while under given conditions it redissolves the precipitate, if added in slight excess. 3d. That the mucus of the bile is in great measure digestible by the gastric juice. 4th. That the bile slightly acid has a strongly-

marked antiseptic property. 5th. That the bile does not manifest any anti-digestive action on the saliva.

Nitrate of Silver in Phthisical Laryngitis.

Dr. J. Sawyer says, in the *British Medical Journal*:—

Phthisical laryngitis is a very painful malady, and, when it has passed into its second stage, it is always fatal. It is difficult to give much relief by treatment. But I wish to speak very confidently of the good results which arise from the frequent application to the larynx of a solution of nitrate of silver: one drachm of the salt to an ounce of water. In the first stage, this remedy stimulates the nutrition of the larynx, and so combats the local anæmia; in the second stage it reduces the tumefaction; in the third it checks the ulceration. In all, it deadens the morbid and painful sensibility of the affected parts. Dysphagia always arises in this disease. It is often a very serious symptom. The tumid and tender larynx makes deglutition difficult. This condition is promptly relieved by the local application I have recommended.

Relief of Pain During Cauterization.

Dr. Levis, in the *Medical Times*, states that his practice is to apply pure carbolic acid on and for a short distance around each point of application of the cautery, before the patient recovers from the influence of the general anæsthetic which has been used. For convenience of application, the crystals of carbolic acid are deliquesced by warmth, and the liquid applied with a brush. The part is then covered with any light dressing. Should pain recur after extensive or deep use of the cautery, the application may be renewed; but Dr. Levis has not, in his experience, found that this is necessary.

A Hint to Medical Politicians.

In the Pennsylvania Legislature, this last session, there were no less than twenty regular medical men, yet important measures of medical legislation failed. We commend to all medical politicians in this country a foreign example. There are quite a number of medical men in the Chamber of Deputies of France. *L'Union Médicale* published the list, which amounts to forty-nine, with the localities they represent. A very important step was taken by these professional gentlemen. A certain portion of them, to the number of about twenty, constituted themselves into a committee, which, independently of politics, intended to discuss questions referring to hygiene and sanitary science. Unity of action on sanitary legislation could thus be secured.

Correspondence.

THE CENTENNIAL INTERNATIONAL EXHIBITION.

Letter I.

THE U. S. ARMY MEDICAL DEPARTMENT.

Centennial Exhibition, May, 1876.

Ed. Med. and Surg. Reporter:—

As you have expressed the wish to open the descriptive series of letters of the Exhibition with one on the United States Army Medical Department, I shall briefly rehearse to your readers the interesting features of this branch, referring them for further details to the very useful pamphlets edited by Dr. J. J. Woodward, Assistant Surgeon of the United States Army, who is in charge of the representation of the Medical Department of the United States Army. These pamphlets are five in number, and can be had by visitors on applying to the orderly at the hospital.

As the visitor leaves the north door of the United States Government Building, he sees on his left a small structure with the word "Laboratory" over its door, and a few yards beyond it a frame building inscribed "Medical Department of the United States Army." This is a regulation post hospital, for twenty-four beds, erected for the double purpose of serving as a model to illustrate the plan of hospitals recommended by the Medical Department, and adopted by the War Department, for our military posts in time of peace, and of affording space for the greater portion of the other articles exhibited by the Medical Department. It is a frame building, with shingle roof, surrounded by a veranda, and consists of a central administration building, 35 feet front by 39 deep, and two stories high, with a two-storied back building 40 by 14 feet, and two wings 45 feet by 24, one for each ward of twelve beds. The floor of the whole building is raised three feet above the ground, and is well supported on timber posts. All the walls and ceilings are lathed and plastered with two coats, the finishing coat being of plaster-of-Paris, and the entire woodwork usually painted is covered with two coats of paint. The wards are 15 feet high in the clear from floor to ceiling. Ridge ventilation is provided for the summer months by means of two boxed openings in each ward, carried from the middle line of the ceiling to the ridge. These openings are 10

feet apart, and are each 10 feet long by 2½ feet wide.

On entering, the surgical visitor finds the camp bedsteads in familiar rows, several of them containing "dummy" patients. Around the walls are distributed enlarged photographs of pathological specimens, and at the base of the window-sashes are the beautiful photo-micrographs, now produced at the Army medical museums. These represent pathological specimens also, and I would recommend all visitors to give them the closest attention, as they are unsurpassed by any in art.

At the end of the room opposite the door is a large oil painting, representing a clinic by Professor Gross. Unfortunately, it is so hung that the figures are obscure, and I found much difficulty in recognizing the familiar faces which surround the operator.

There are, in all, seven rooms in this building. Besides the ward which I have just described, the remainder are occupied as follows:—Room 2 serves for the exhibition of the models of hospitals, hospital steam vessels, hospital railway cars, ambulances, etc., and for specimens from the Army Medical Museum; room 3, for the exhibition of medicines, medical stores, and chemicals; room 4, for surgical instruments, books, blanks, and the publications of the Surgeon-General's Office; room 5, for mess furniture and utensils; room 6, for kitchen utensils; room 7 is the private office of the surgeon in charge, and the rooms in the second story serve for the exhibition of prothetic apparatus, litters and stretchers, medical panniers, knapsacks, etc.

Most visitors will find room 2 to present the strongest attraction. The beautiful models of two hospital ships are conspicuous objects. There are, also, ranged on the east wall, numerous specimens from the Army Medical Museum, dried and in spirits. Their neatness is conspicuous and refreshing in comparison with the dust and litter too often marring anatomical collections.

Passing out the side over to the west, we have on our right three hospital tents, pitched end to end in the manner used during the war. Just beyond them is a row of medicine wagons, ambulances, and medical baggage wagons. One of the latter is a real veteran, which saw service in the Potomac, and from Nashville through to Savannah and beyond, and bears the visible scars of its campaigns. Perot's medicine wagon is that which probably came nearest to fulfilling all the requirements of field service. In the severe marching over Virginia and Tennessee roads, I witnessed the failure of the heavier ones used early in the war, and Perot's, as less objectionable in this respect, generally came out best. A very complete one is exhibited, and the firm publishes a pamphlet describing its construction in detail.

Your readers will see, from this brief sketch of this department of the Exhibition, that it is one they must not overlook. It is not very conspicuously situated, and has the advantage of not being crowded. While I was making my tour through it, only two other visitors entered. But to the medical man it has greater attractions than many of the larger and more crowded buildings. Yours, A.

News and Miscellany.

Annual Meeting of the Medical Society of New Jersey.

This venerable Society held its one hundred and tenth annual session, at Congress Hall, Cape May, on Tuesday and Wednesday, May 23d and 24th. The attendance was large. The officers were as follows:—President, Dr. Wm. O'Gorman; Vice Presidents, Drs. J. V. Schenck, H. R. Baldwin, and John S. Cook; Treasurer, Dr. W. W. L. Phillips; Recording Secretary, Dr. Wm. Pierson, Jr.; Corresponding Secretary, Dr. Wm Elmer, Jr.; Standing Committee, Drs. S. Wickes, S. C. Thornton, and Thomas Ryerson. After prayer, and the reading of the minutes of the last annual meeting, the following gentlemen, who were present from Pennsylvania, with other visiting and local members of the profession, were elected corresponding members, and invited to participate in the deliberations:—Drs. Traill Green, D. Hayes Agnew, Levis, Cohen, Atkinson, Pepper, Goodell, Dunglison. Drs. H. St. Clair Ash and T. H. Andrews were present as delegates from the State Medical Society of Pennsylvania. The report of the Committee of Arrangements, eulogistic of Cape May as a health resort, was read by Dr. Bateman, of that city, especially dwelling on its freedom from summer epidemics, etc., and on the favorable reports of the signal service in regard to temperature, humidity, etc. After acceptance of an invitation to visit Sea Grove, the President read his annual address, a very scholarly production, which traced, in a short, interesting manner, the historical and general relations of medicine to the other sciences.

Dr. Stephen Wickes, of Orange county, read the report of the Standing Committee, acting as a Committee on Ethics. The *Transactions* of the Society from 1766 to 1800 had, he stated, been reprinted and numerous copies sold. After the appointment of the Committees on Nominations, etc., the subject of candidates for the degree of M. D., with their theses, was referred to a committee. (This Society, unlike most of the State Societies, has the power of conferring the degree of M. D.) An effort to bring before this body an old quarrel, in which the Hudson County Society was chiefly interested, was frustrated by referring several communications on the subject, without being read, to the Committee on Ethics. The President was authorized to fill vacancies in the Standing Committee, after which the Society adjourned to participate in the annual banquet, at which interesting speeches were made by Drs. O'Gorman, Agnew, Levis, Atkinson, Ridge, and others.

On Wednesday morning the Society met at nine o'clock. Dr. Wickes read the report of the Standing Committee, being a summary of the various county reports, referring especially to the prevalence of malarial and typho-malarial affections in certain localities; to the diminished amount of disease throughout the State during 1875–76; to the marked prevalence of diphtheria in some regions; to the employment of calomel and other drugs etc.; questions having been particularly addressed by the Committee to practitioners with regard to the latter subject. The report was ably discussed by Drs. Hopper, Garret, Ridge, and Rogers, of New Jersey, and Cohen and Atkinson, of Pennsylvania. The desirability of obtaining from the Legislature legal aid for the establishment of sanitary associations, for the enlightenment of the public and the prevention of disease, was dwelt upon. Drainage, sewerage, bacteria, vibriones, etc., were referred to, and their relations to health or disease.

Dr. Lilly, from the Committee on the Writ from the Supreme Court (in regard to the Hudson County difficulty), stated that the matter would be presented in that court June 6th. A supplement to the charter, applicable to all similar cases, was suggested and adopted, to be presented to the Legislature. A committee was appointed to present a testimonial to Mr. Gummere, who had offered his services gratuitously in this case. Resolutions were reported relative to the death of Dr. Woodhull, of Newark. Dr. Brakeley, Chairman of Committee appointed last year, in regard to State legislation for the public health, reported as to the impropriety of appointing a medical board made up of different schools or sects, either as health boards or examining bodies. After the reading of the Treasurer's report, the Corresponding Secretary read communications from the Centennial Medical Commission, representing the International Congress to meet at Philadelphia in September, and from the Civil Engineers of Boston, in relation to metric weights and measures. Written and verbal reports were received from delegates to and from State medical societies; among others, from Drs. Deshler, of New Jersey; E. G. Cutler, of Massachusetts; O. C. Wiggan, of Rhode Island, and Newman, of New York. Dr. Traill Green, of Easton, also made a few felicitous remarks. Dr. S. Weir Mitchell, of Philadelphia, was elected honorary member. The degree of M. D. was then conferred on Drs. Rein and Mueller. E. J. Marsh, of Patterson, was appointed essayist for 1877, and the Committee on Nominations reported the following officers and delegates for the ensuing year, all of whom were elected:—

President—Dr. J. V. Schenck.

Vice Presidents—Drs. H. R. Baldwin, John S. Cook, A. W. Rogers.

Recording Secretary—Dr. Wm. Pierson, Jr.

Corresponding Secretary—Dr. William Elmer, Jr.

Treasurer—Dr. W. W. L. Phillips.

Standing Committee—Drs. S. Wickes, J. L. Bodine, Samuel Lilly.

Delegates to American Medical Association, 1877—Drs. H. A. Hopper, S. C. Thornton, H. G. Taylor, T. J. Smith, J. J. H. Love, P. S. Heritage, J. W. Hunt, Samuel Lilly, E. P. Cooper, S. B. Irwin, John R. Leal, H. R. Baldwin, Wm. Armitage, John Vought, Joseph Hedges, T. H. Tomlinson, P. F. Brakeley.

Delegates to International Medical Congress—J. M. Ridge, John Wolverton, Ezra M. Hunt, John C. Johnson, Chas. Hasbrouck, A. Coles, A. A. Lutkins.

Delegate to New Hampshire Medical Society, Dr. C. O. Gordon; to Connecticut, Drs. E. J. Marsh and McLean; to New York, Drs. E. B. Silvers, H. Mitchell, Parrish, E. Maston; to Pennsylvania, 1877, Drs. C. H. Voorhies, H. C. Clark, Wm. Elmer, Wm. Blundell; to Rhode Island, Drs. C. F. Deshler, T. J. Thomason, Samuel Lilly; to Massachusetts, Drs. J. J. Pendergrast, J. L. Bodine, J. B. James, J. G. Ryerson; to Maine, Drs. G. H. Batteray, B. F. Carpenter, Gordon.

Essays on Climate, Mental Pathology and Medical Heroism were presented by Drs. J. S. Cook, R. M. Bateman, and E. P. Townsend.

After passing a resolution that hereafter no entertainment shall be given at the place of meeting, the Society adjourned to meet at Trenton in May, 1877.

The Pennsylvania Railroad

Offers unsurpassed facilities to travelers to and from this city. Its cars run direct from New York to Washington, Chicago, St. Louis, Cincinnati, Louisville and other principal points, and for speed, comfort and security, have not their superior in the world. To the thousands of medical men who will see our great Exhibition this summer we commend this line, and ask their attention to its schedule as it appears in our advertising columns. Having frequently chosen it in preference, in our journeys, we speak knowingly of its merits.

Association of American Medical Editors.

The members of this Association are requested to meet in the parlor of the Continental Hotel, in Philadelphia, on Monday, June 5th, 1876, at 8 P. M.

The Wisconsin State Medical Society,

In view of the fact that the American Medical Association meets on the day appointed for the State meeting, announces an adjournment of the latter to Tuesday, July 11th.

Pharmaceutical Meeting.

One evening last week a public reception was given by the Philadelphia pharmacists to their visiting brethren from abroad, in the hall of the College of Pharmacy. The interior of the building, refitted and refurnished, had been

handsomely decorated for the occasion, the hall-way entrance was tastily arched with the flags of all nations, and the audience-room bloomed with the luxuriant varieties of medicinal plants, such as the male fern, the arrow-root, aloe, black pepper, and saco, with miniature specimens of the tea and coffee plants and cinnamon tree. This reception commemorates the formal opening of the institution as a head-quarters for visiting pharmacists from all quarters of the globe.

The Cremation Movement.

The Urn Cremation Society at Dresden has sent a circular to all other cremation societies in Europe, inviting them to send delegates to a congress to be held at Dresden on the 6th and 7th of June. It states that the Conference was originally proposed to be held about the middle of April at Dresden, but had to be postponed in consequence of the large number of delegates that announced their arrival, which rendered necessary a change in the programme. The Conference is now fixed as above.

A Vienna notary, lately deceased, requested by the terms of his will that his body should be burned. The Vienna authorities refused to allow his wish to be carried out, but without assigning a distinct reason for their refusal. The *Wiener Medizinische Wochenschrift* suggests that in the emergency, and as there is no proper cremation-oven in Vienna, the body might be taken to Dresden, and there incinerated, as was lately done in similar circumstances by an English family.

Proportion of Physicians to Population.

The Registrar General of Great Britain, Dr. Farr, states that there is in the British army one surgeon to every 202 men; in the general population one medical practitioner only to every 1276 men, women, and children living. At the census of 1871 the physicians and surgeons enumerated were 14,684; assistant and medical students over twenty years of age, 3116. The proportion of medical men to the population has declined since 1851, when it was 9.7 per 10,000 living, 8.3 in 1861, and to 7.8 in 1871.

Neglect of Ventilation.

The following paragraph is a sad commentary on sanitary ignorance in high places; it is from a prominent daily:—The absence of suitable provisions for due ventilation of the court-rooms in the new New York Court House is entailing very serious consequences on the State judges. Four of them are now sick from this cause and unable to come to the court, and yesterday Judge Donahue had an attack of vertigo and had to be carried home.

—Dr. E. H. Gibbs, of New York, succeeds the late Dr. Hall as editor of the *Journal of Health.*

Small-pox in Vienna.

Small-pox has now been prevalent at Vienna for nearly six years, and there seems at present to be but little hope of the cessation of the epidemic. In the seven weeks between February 25 and April 14 last there were 122 deaths from the disease. The *Wiener Medizinische Wochenschrift*, commenting on this state of things, complains that no progress has been made in adopting a system of compulsory vaccination.

Hereditary Web-Fingers.

The New Bedford (Mass). *Standard* says, there are persons living in that city with a web connecting the second and third fingers of each hand, and the corresponding toes (third and fourth) of each foot. The peculiarity has descended through five generations. It is said a relative in Plymouth had a surgical operation performed to divide his fingers, and that it resulted in a loss of control of the extensor muscles of the fingers, so that he could not open his hands.

Personal.

—M. Charrière, of Paris, the well-known surgical instrument maker, died last month. Charrière threw a great deal of originality into his labors, and such men as Civiale, Leroy d'Etiolles, Amussat, Velpeau, and others, were very ready to adopt his suggestions, and highly pleased at the manner in which the work was carried out.

—M. Béhier, Professor of Clinical Medicine in the Hôtel-Dieu, died in Paris on Sunday, the 8th of May, and was buried in the presence of the principal members of the profession and an immense gathering of medical students. Born in 1813, Béhier has had a highly distinguished career as a physician. For eleven years he had been on the visiting staff at the Hôtel-Dieu, and for several years Professor of Clinical Medicine.

—Professor Henke, of Tübingen, has accepted the call to be Professor of Anatomy in the University of Berlin; and Professor Toldt, of Vienna, has been made Professor of Descriptive Anatomy at Prague.

—The veteran *savant*, M. Chevreul (says the *Union Médicale*), while presenting a book, and speaking of the works of the late M. Donné, Dean of the Medical Faculty of Montpellier, made use of an eminently academical euphemism. Instead of stating that M. Donné was dead, after the manner of ordinary mortals, he declared that "*malheureusement* he had interrupted his communications." The Academy people do not die, but only interrupt their communications!

DEATHS.

WILSON.—On the 24th of January last, of pericarditis, Belle, daughter of R. C. Wilson, M. D., aged 25 years.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1006.] PHILADELPHIA, JUNE 10, 1876. [Vol. XXXIV.—No. 24.

Original Department.

Communications.

CLINICAL STUDIES OF INEBRIETY.

BY T. D. CROTHERS, M. D.,

Assistant Superintendent of New York State Inebriate Asylum, Binghamton, New York.

Inebriety exceeds all other affections in its mortality and influence over the physical and mental conditions of life. No other disease is so certainly transmitted, entailing on the future deterioration and final extinction of the race. It is defined as a cerebro-psychal disorder of the nervous system, of the same genera and group of neuroses as that of locomotor ataxy, progressive muscular atrophy, typho-mania, syphilitic insanity, and many forms of epilepsy. It seems to follow our peculiar civilization, keeping pace with its industrial activities and its fierce struggles for wealth and power. It may often be traced in storm-like waves through the changes of political life, the ebb and flow of emigration, and the speculations and social convulsions of the times. The history of inebriety, as a disease, is a repetition of every advance in new fields of medicine. Recognized in the second century of the Christian era by Ulpian, the great Roman jurist, in his digest of laws, it was, eleven centuries later, during the reign of Alonzo the Ninth, of Spain, studied and treated by the State as an affection requiring special laws and management. Three centuries further down, many of the German States endorsed these views and enacted laws based on them. Then came the observations of Dr. Rush, in this country; Prof. Platner, of Leipzig, in 1809; and Salvator, of Moscow, in 1817, and many others who boldly advocated that inebriety was a disease, and could only be reached by special means. From this time down, during the last fifteen years, this subject has been agitated by all classes. Although facts, statistics and observation amply prove that inebriety is a disease of the physical and mental organism, yet the profession are slow to recognize it, wavering between the positive denials of some specialist and the empiric theories of temperance societies, who believe it a vice. We propose to show, from the clinical study of cases treated at this asylum, that inebriety is both a physical and mental disorder, at all times and in all cases. However obscure its origin may be, it has always a starting point, in perverted function or disordered cell growth, and its progress is influenced by definite conditions, and its termination in death or recovery is as fixed and positive as pneumonia or tuberculosis. The following cases bring out prominently the evidence of disease, beyond all power of the patient to check or control.

Case 1.—Inebriety Proceeding from Physical Lesion Arising from Syphilis.

H. B , a merchant, the head of a large, prosperous house, temperate, and in good health, regular in his habits, contracted syphilis in 1859. Had buboes and a slight fever, from which he recovered in a month or more, and resumed business as usual. Two months later he was seized with intense depression, from no cause, and a strong desire for stimulants; this became so intense that he

drank freely, and with much satisfaction. In two days it passed away, and three months later returned, more depressing, and could only be satisfied in a similar way. From this time on these paroxysms for liquor, preceded by depression, increased in intensity and frequency. He was examined and treated by eminent physicians, without avail, and all effort on his part to resist and break up this desire was useless. In 1866 these attacks had grown to such an extent that he was incapable of business, suffering at least one week every month or more. He accordingly went to Europe, seeking every means to break up this craving, with but little relief. In 1870 he went back to Europe with his family, visiting Egypt, India, and making long sea voyages, returning after three years, much improved, the paroxysms only returning at long intervals. His health was good, and his mind clear. Two years later he gave up his business and came here for treatment. The periods of drinking had increased to one every month, lasting from four to eight days, marked by excessive drinking of brandy or alcohol. His health was very much reduced, and incipient delirium tremens had appeared. The interval of sobriety was spent in anxious efforts to repair and recover from the effects.

Comments.—There was no trace of inherited insanity or inebriety in this case. The taste of liquor was unpleasant, and only its effects would drive away its nauseating odors. The desire to drink came on without premonition, and he seemed forced to give way to impulses that his reason denounced. For fifteen years he sought earnestly and faithfully to break away, but failed. The origin here came clearly from the syphilis. This poison producing some lesion of the brain cells, was manifested in the diseased craving at certain times. Possibly no pathological search could have shown the exact lesion, or revealed any structural changes, but strong diseased impulse existed, from which the patient could not recover.

Case 2.—Inebriety from Physical Lesion, Beginning in Concussion of the Brain.

B. A., a lawyer, liberally educated, of strong intellect, and temperate. Entered the Southwestern army, as an officer, in 1860. After a few months of active service he was sent to the hospital, with a severe attack of typhoid pneumonia, attended with much delirium. He recovered after three months of illness, and after a long furlough, in which he regained all his former strength, he entered the Army of the Potomac, in 1862, and while leading his command at Chancellorville, was made unconscious by the explosion of a shell.

Taken back to the hospital, he was found to have no external injury, but to be suffering from concussion of the brain. Active delirium came on, and continued for twenty-one days, after which reason returned, and this period was all a blank to him. He resumed his command, and continued until the close of the war, receiving no injury, and in apparently good health. He had been a strong temperance man from principle, and up to the time of receiving this concussion he had scarcely tasted liquor. Soon after resuming duty he was seized with uncontrollable longings for stimulants, at distinct intervals. This he gratified, with inward satisfaction (privately), during the war. Sometimes two days' or more drinking would only satisfy him. The war over, and a return to his profession, brought increased longings and periods of gratification. Every means was tried to break up this desire; the taste for liquor was unpleasant, but he was impelled, against all reason, to seek this relief. Chagrined at his weakness, he grew morose and more irritable, would retire to his room when drinking, and become destructive if interfered with. Eating nothing, and in a condition of delirium, followed by a day or more of stupidity, the paroxysm would end in weeks of prostration or fever. This struggle continued until 1869, when, after a sojourn at one of the mineral springs of the South, he resolved to give up, and put himself under an attendant, who would watch over and sustain him. He was in better health, and succeeded in abstaining for two years, although the desire came on at intervals. A dull, wandering pain, called rheumatic, came and went; he noticed, also, in bad weather and changes of the moon, that he felt worse. At these times the attendant would watch with him, using all means to divert his mind and build up the body. In 1871 he received the sudden news of the death of a brother, and unconsciously he began to drink again, and only after a week did he realize his situation. From this time on his course was one of protracted and severe paroxysms of drinking, the intervals growing shorter, and the cutaneous sensations becoming more and more perverted.

Delirium tremens, in a slight form, appeared, memory failed, and rheumatic pains increased. Fatigue or excitement on any unusual circumstance provoked a return of the drinking.

Comments.—No inherited drunkenness or insanity could be traced in this case. No physical or mental weakness existed until after exposure in the army. The desire for liquor all began after the concussion at Chancellorville. The severity of the injury was apparent in the long time of unconsciousness, and the sequel indicated a profound cerebral disturbance, manifested in uncontrollable inebriety.

Case 3.—Inebriety from Some Mental Lesion, followed by Unconscious Paroxysms of Drinking.

T. H., a baker; common-school education; of vigorous health, and temperate; a man of wealth and large social and business relations. In 1860 he was elected to a prominent office in his native city, requiring great care and responsibility, and frequent visits from home, subject to irregularities and excitements, during which he drank wine moderately. Two years later, at the age of fifty, he drank brandy to excess, impulsively, and without any reason. This came upon him suddenly, and in two or three months a similar paroxysm followed. Retiring from public life and traveling for some months made no difference. These periods were preceded by moroseness and irritability, and sensations of cold, which he did not realize as premonitory of inebriety. Then he would rush out for liquor, and after one glass all memory of events ceased, and he would wake up after the attack as from a sleep. These periods lasted from a few hours to many days. In 1868 he was brought to this asylum, and went away very much improved after six months' treatment. Three years later he relapsed, and drank excessively, from grief for the loss of some friends, and then continued at variable intervals to drink as before. He was seized with tremens on one or two occasions, and made many efforts to recover, without avail. He seemed strangely unconscious of the approach of these attacks, and demented and oblivious to all things after the drinking began. His father was a temperate man up to fifty years of age, then drank to excess, and died, a few years later, a drunkard. His grandfather began to drink late in life, and died from its effects.

Comments.—The peculiar unconsciousness which began at the moment of taking liquor indicated a profound mental disturbance, controlling the entire organism. The predisposition to drink late in life was inherited direct, and appeared to be most intense at fifty years of age. His peculiar circumstances and position in life, at this time, favored the return of inebriety transmitted from his father. The progress of the case indicated that the presence or absence of certain exciting causes, of both a physical and psychical origin, largely controlled it.

Case 4.—Inebriety from Inheritance and Weakened Mental and Physical Powers.

S. H., a dentist; educated; 26 years of age. Has been a spasmodic drinker for eleven years. Began during the excitements and triumphs of college life. Had a strong love for liquor, which increased yearly. For the first three or four years only drank after fatigue or excitement, and not often to intoxication. Later, had spasms of drinking, depending on various exciting causes. During the last four years has drank alcohol pure, and in all its forms, with absinthe, etc. Has had delirium tremens slightly, and convulsions of epileptic character. Is pale, anæmic, and has disordered sensations of heat and cold; is restless, sensitive, and anxious to save himself from this affection. Has no control of his will when he begins to drink. The sight of a bottle, or bar where liquor is sold, will rouse up intense cravings for drink. He has adopted various means to keep away from this temptation. Sometimes he succeeds in abstaining for three or four weeks. Has been unconscious of his drinking during the period, for two years past. Has shown suicidal tendencies, is reckless and quarrelsome, and has premonitory symptoms, such as wildness of the eyes, confused, uneasy movements, before drinking. His father drank wine after meals, and was a morose, passionate man. His mother was a strong, impulsive woman, who alternated between the extreme of exaltation and depression. His grandfather, on his mother's side, was demented, and several of his children were feeble-minded, eccentric persons.

Comments.—This was a case of well-marked insane diathesis, inherited, skipping one generation, and appearing as impulsive inebriety. The tendency to mania, in some of its obscure forms, was determined by the moderate drinking habits of father and mother, to alcoholism.

The early excitement of college life was the starting point. Cerebral disorganization had gone on to such an extent, that the least exciting cause provoked its appearance. No reason or will-power had any influence over these paroxysms.

These cases are presented because they illustrate causes that are not recognized in every instance, particularly when presented in private practice. Knowing the exciting causes, with the conditions and surroundings of the patient, the prognosis of inebriety could be certainly made out before the victim is comparatively powerless to help himself. No society, with moral and social influence, can aid him; nothing but the restraint of an asylum and watchful care, with special treatment, will avail. These cases reveal a degree of mental and physical disorder which cannot be termed by any other name but disease. There are evidently tissue degenerations and lowered vitality, with perverted mental action, to begin with, and the use of alcohol has precipitated cell disorganization, bringing on a storm of morbid impulses, that sweeps away all reason and will power, and paves the way for a return. The system, from various causes, takes on favorable conditions for inebriety, and this affection follows as a sequence. From the first attack, new conditions of debility begin, dependent on the alcohol taken, and a chronic stage speedily follows. The practical end to be sought is, to distinguish these early causes, and guard against them; and when these are overlooked, and the affection begun, a careful study of them will indicate much of the future treatment essential to final recovery.

BELLADONNA POISONING IN AN INFANT.

BY H. L. HORTON, M. D.,
Of Morrisania, N. Y.

I was summoned in haste, at 2 P. M., July 29th, 1861, to see a child belonging to a Mr. Garvin, living on what was then Forrest avenue, town of Morrisania, now Concord avenue, New York city. Upon my arrival I quickly learned that a boy, two and a half years of age, had, about two hours previously, drank the contents of a bottle that his mother had placed on a table, among numerous other bottles which she had removed from a closet for the purpose of cleaning. The child was in his mother's arms, or partially so, as there did not appear to be a muscle in his body but what was in spasmodic action, especially those of the extremities. The skin, in color, and to a certain extent in thickness, had the appearance of scarlet flannel; the teeth were tightly clenched, with a little froth flying out between them at each irregular spasm of the muscles of expiration; eyelids widely separated, and fixed; pupils dilated to their utmost limit, and immovable; child totally insensible; pulse could not be counted, in consequence of the incessant muscular twitching.

Such was the condition of things when an elder brother of the patient's returned from the drug store of a Mr. Robert Du Bois, with the empty bottle, and a paper in his hand, to which place he had taken it (the bottle) to ascertain the nature of the poison, and, if possible, get an antidote. Mr. Du Bois, on turning to his file of prescriptions, learned that it had contained a mixture of glycerine and extract of belladonna, which he had just put up one year previously, to be used externally. From the internal appearance of the bottle he estimated the amount of belladonna it contained at the moment it passed into the hands of the child. On the paper handed to me by the boy was written, "extract of belladonna, forty-five grains."

I at once, and by force, gave an emetic dose of zinc sulphate, which in a short time had its specific effect. The material ejected at first was somewhat turgid, with what I presumed was the dark extract, but soon nothing but a little ropy, colorless mucus was visible. It was now evident that whatever was done must have reference toward counteracting the effect of that which had been absorbed. Opium, to my mind, was the only remedy from which could be expected any relief in a case as extreme as the one before me, and canvassing the matter one moment more in my mind, I decided that the dose of my antidote (if antidote it was, for at that time it was a question under discussion by the profession) must be limited in amount only by the active resistance of the poison absorbed, and now actively at work; accordingly, I gave at once, and in one dose, two teaspoonfuls of tinctura opii, and mixed two more with a small amount of water, and ordered it to be given in teaspoonful doses every half hour.

On my return, about seven hours after, I learned that the mixture had all been given as directed, and I found my patient partially free from muscular twitching; breathing moderately

regular; skin and eyes about the same as when I left; not sleeping, at least not soundly, as he was easily disturbed. Not seeing any indications for further medication, I directed that he should be roused if the breathing became stertorous. On calling in the morning, I learned that he had remained about the same as when I left him, up to two in the morning, when he closed his eyes, and appeared to sleep, in which condition he remained up to 6 A. M., when he called his father, and asked for a drink, and was given milk. No further treatment appeared to be necessary, consequently none was ordered. In a few days he had recovered his usual good health, and was apparently none the worse for having taken forty-five grains of the extract of belladonna and four teaspoonfuls of laudanum.

Medical Societies.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

The Society convened in Philadelphia, at the First Reformed Church, on Wednesday, May 31st, at 3 P. M. The President, Dr. Crawford Irwin, in the chair. The session was opened with prayer by Rev. David Winters, of the Westminster Presbyterian Church. Dr. T. M. Drysdale, Chairman of the Committee of Arrangements, delivered an address of welcome, in which he alluded to the past history of medicine and medical teaching in this city, and to the vast improvement in these matters during the century that has just been completed. He then offered the following

ORDER OF EXERCISES AND ENTERTAINMENTS.

WEDNESDAY, MAY 31ST.—The Society convenes at the First Reformed Church, Broad street above Pine, at 3 P. M., and adjourns at 6 P. M.

Evening.—President's Address, at the First Reformed Church, Broad street, above Pine, at 8 P. M.

Receptions at the residences of Dr. Washington L. Atlee, 1408 Arch street, and Dr. Richard J. Levis, 1301 Arch street.

THURSDAY, JUNE 1ST.—The Society convenes at 9 A. M., and adjourns at 1 P. M.

Afternoon.—The Society convenes at 3 P. M., and adjourns at 6 P. M.

Evening.—Reception at the Academy of Fine Arts, Broad street, above Arch, at 8 P. M.

FRIDAY, JUNE 2D.—Excursion and Entertainment at Sea Girt, Atlantic Coast, New Jersey, 60 miles from Philadelphia, by special express, train leaving new passenger station, Pennsylvania Railroad, West Philadelphia, at 7.45 A. M.; time, 2¼ hours; returning at 4 P. M.

On motion of Dr. Stetler, of Philadelphia, the Committee on Unfinished Business was appointed:—Drs. Stetler, H. Corson and J. S. Crawford.

On motion, the Address on Obstetrics was made the order for 10 o'clock on Thursday, and the other addresses to follow in order.

Reports were received from a number of County Medical Societies, and referred to the Committee of Publication.

On motion, those societies not quite ready were given until the 15th of June to present their reports to the same Committee; those not received by that time to be omitted from the published transactions.

The Corresponding Secretary, Dr. Drysdale, reported the receipt of the Constitutions of several new County Societies, and also the action of the Censors of the Fourth District on the case of an appeal.

On motion, the report was received and entered on the minutes.

On motion, it was agreed that after the adjournment, the several delegations should meet and select their member of the Committee on Nominations, which Committee should meet at 9 A. M. on Thursday, in the lecture room of the Church.

Drs. J. W. Voorhies and Joseph Parrish, New Jersey; J. P. Gruwell, Iowa; Martin Baker, California; W. B. Mowry, Pennsylvania; and Dr. Whitmarsh, of England, were made members by invitation.

Dr. S. M. Ross desired a committee to be appointed, to express the views of the Society relative to the fees for post-mortem examinations.

This was discussed by Drs. E. A. Wood, Ulrich, Stewart, Levis, Pollock, Bruce and Halberstadt, and then adopted.

Committee:—Drs. Ross, Pollock and E. A. Wood.

Dr. H. C. Wood, of Philadelphia, offered the following:—

WHEREAS, It is a matter of general professional interest that the subject catalogue of the National Medical Library be published, and

WHEREAS, It is somewhat doubtful whether Congress will appropriate the money necessary for the same, therefore be it

Resolved, That a committee of three be appointed to memorialize the Senators of this State, and that the County Societies be requested to take such measures necessary to urge its publication upon their respective representatives in Congress.

Committee:—Drs. H. C. Wood, R. J. Dunglison and T. M. Drysdale.

An invitation was received from the Dauphin County Medical Society, requesting the State Society to meet in Harrisburg in 1877. This was referred to the Nominating Committee.

Dr. Curwen not being ready with the address

on Mental Disorders, it was continued for another year.

The Standing Committee reported that they had nothing to offer.

The Committee on Medical Legislation, Dr. R. L. Sibbett, Chairman, presented their report, which after some remarks was made the order for Thursday afternoon.

The report is as follows:—

Mr. President:—The Committee on Medical Legislation, authorized to continue their work, beg leave to report, that efforts have been made in several counties, in accordance with the resolution adopted at our last meeting, to enforce the law against incompetent medical practitioners, approved April 12th, 1875. In some instances, however, these efforts have not been attended with satisfactory results. In Franklin county, for example, several persons were arrested and brought before the court; but the attention of the judge being called to the law, by members of the bar, he declared, in the presence of the Grand Jury of the county, that this Act of Assembly, "by reason of unskillful drafting, is inoperative, except upon transient practitioners." In another place he says, "The act cannot be violated in its first four sections, apart from its fifth section. This section out, the law has only a legal subject and a sanction, without a legal action." With the consent of the District Attorney the prosecution withdrew the case.

In several counties the judges of the courts appointed committees to examine applicants, in accordance with the provisions of section three; but in every case, as far as heard from, this section has worked to the disadvantage of the profession and the people, and has prepared the way for non-graduates to commence practice in parts of the State where they had been excluded by special enactments.

Under these circumstances, your committee determined to ask for some additional legislation. Accordingly, a memorial was prepared and placed in the hands of the members of both Houses of our Legislature. At the same time, in conference with the medical gentlemen in the Senate and House of Representatives, a bill was prepared and passed by the Senate; but unfortunately it failed in the House on second reading. The following is a copy, somewhat modified, which we commend to the consideration of the profession. It is in harmony with the special enactments on our statute books, which we think should be respected. It will be noticed that the title is somewhat modified. Section one is retained, chiefly on account of its moral effect. Section two, with its proviso, is prominent in all the special enactments on the subject. Instead of section three, which requires the judges of our courts to appoint examining committees, registration is suggested, as a step which, it is said, will not meet with opposition in the Legislature. Sections four and five are also prominent in our special enactments; the one imposes a license upon itinerants, the other a penalty upon violations of the law. It reads as follows.—

AN ACT

To Protect the People of the Commonwealth of Pennsylvania against Incompetent Practitioners of Medicine, Surgery and Obstetrics.

Section 1.—Be it enacted, etc.:—

That the standard qualifications of a practitioner of medicine, surgery, or obstetrics, shall be and consist of the following, namely: A good moral character, a thorough elementary education, a comprehensive and practical knowledge of human anatomy, human physiology, pathology, chemistry, materia medica, obstetrics, the practice of medicine and surgery, and public hygiene.

Sec. 2.—It shall be unlawful, after the passage of this act, for any person to practice medicine, surgery, or obstetrics, who has not received, in a regular manner, a diploma from a chartered medical school, duly authorized to confer upon its alumni the degree of Doctor of Medicine.

Provided, however, that any resident practitioner of medicine, surgery, or obstetrics, who may not have received a diploma from a chartered medical school, but has been in the regular and continuous practice of medicine in this Commonwealth during a period of five years previous to the passage of this act, shall be allowed to pursue the same.

Sec. 3.—It shall further be unlawful, after the first day of October, ——, for any resident of the State of Pennsylvania to practice medicine, surgery, or obstetrics, who has not, under oath or affirmation, entered, in a book procured and kept by the Prothonotary of the Court of Common Pleas of the county or city in which such practitioner resides, his or her name in full, together with the name of the institution which has conferred the degree of Doctor of Medicine, and the date of the diploma; or the length of time and place or places in which any resident practitioner who has not received the degree of Doctor of Medicine may have practiced in this Commonwealth; or who has not paid into the treasury of the county or city in which such practitioner resides the sum of two dollars, and to such Prothonotary an equal sum of money, as the costs in full of such registration.

Sec. 4.—Any person who shall attempt to practice medicine or surgery, by opening a transient office within the limits of this Commonwealth, or shall, by handbill, or other form of written or printed advertisement, assign such transient office, or other place, to persons seeking medical or surgical advice, or prescription, or, who shall itinerate from place to place, or from house to house, and who shall propose to cure any person sick, afflicted, or disabled, by the use of any medicine, means, or agency, whatsoever, shall, before being allowed to practice in this manner, appear before the clerk of the court of quarter sessions, of the county or city in which such person desires to practice,

and shall furnish satisfactory evidence to such clerk that the provisions of this Act have been complied with, and shall, in addition, take out a license for one year, and pay into the treasury of the county, or city, the sum of fifty dollars therefor; whereupon, it shall be the duty of such clerk to issue to such applicant a proper certificate of license, on payment of the fee of five dollars for his services.

Provided, however, that the announcement of name, title and place of business, by card or otherwise, shall be approved by this act.

Sec. 5.—Any person who shall violate any of the provisions of this act shall be guilty of a misdemeanor, and on conviction before any court, shall be sentenced to pay a fine, not less than fifty dollars, nor more than two hundred dollars, for each and every such offence, for the use of the county or city wherein such misdemeanor is committed, or to a term of imprisonment, not exceeding one year, or both, at the discretion of the court.

Sec. 6.—The act approved April 12th, 1875, entiled, "An Act to Regulate the Practice of Medicine, Surgery and Obstetrics," is hereby repealed.

In conclusion, your Committee would state, as the result of their experience, that the representatives of the people are yet unwilling that any standard of qualification should be fixed by law, in regard to those who shall hereafter commence the study of medicine. They are, likewise, unwilling that those who are engaged as druggists, or apothecaries, should be placed under restraint, or, in any manner, prevented from giving medical and surgical advice. These points kept in reserve, until a brighter day dawns upon us, the foregoing sketch is submitted, with full confidence that, if presented at the next session of our Legislature, it may be substituted for the present general law.

R. L. Sibbett, *Chairman.*

On motion, the Society adjourned until 8 P. M.

EVENING SESSION.

The Society convened at 8 P. M. Vice-President, Dr. Nebinger, in the chair. The President, Dr. Crawford Irwin, then delivered the Annual Address.

On motion of Dr. J. L. Atlee, of Lancaster, the thanks of the Society were tendered to Dr. Irwin for his able and interesting address, and a copy was requested for publication in the Transactions. Adjourned.

THURSDAY, JUNE 1ST.

In consequence of the parade of Knights Templar, which was passing the place of meeting, the Society did not assemble until 11 A. M.

Dr. R. Davis, of Wilkesbarre, read the Address in Obstetrics, which was devoted to a review of the subject of placenta prævia, and the treatment of this complication, of late, by the use of the forceps.

On motion of Dr. Lee, thanks were tendered to Dr. Davis, and the paper was referred to the Committee of Publication.

The following gentlemen were made members by invitation:—Drs. R. E. Paine and S. Lawton, of Me.; W. Elmer, Sr., N. J.; E. J. Kirkscey, Ga.; J. Marion Sims, N.Y.; —— Kohler, Tenn.

Dr. D. Hayes Agnew, of Philadelphia, then delivered the Address in Surgery.

On motion of Dr. Mowry, it was referred to the Committee of Publication.

Dr. Rahter, of Dauphin County, offered a report from that County, as follows:—

Whereas, The action of the Dauphin County Medical Society, in endorsing the resignation, in 1873, of the entire medical staff of the Harrisburg Hospital, has been misrepresented, and attributed to motives entirely foreign to those expressed;

And Whereas, In justice to the profession at large and to ourselves, it is desirable that the medical profession should be conversant with the simple facts in reference thereto: Therefore,

Resolved, That a committee of three be appointed to draw up and present to this Society a report, with the necessary documentary evidence, of all the facts connected with the endorsement by the Society of the resignation, in 1873, of the medical staff of the Harrisburg Hospital.

Harrisburg, February 15th, 1876.

In compliance with your resolution of January 18th, 1876, directing us to collate all the facts relative to the endorsement by the County Society of the resignation, in 1873, of the late Medical Staff of the Harrisburg Hospital, your committee would respectfully submit the following:—

On the fourth day of April, 1873, Articles of Incorporation for "The Harrisburg Hospital for the reception and cure of the sick and injured, were granted by the Supreme Court of Pennsylvania; through the liberality and enterprise of a few large-hearted and moneyed men, the institution was placed on a sound financial basis, a building procured, a series of rules for the guidance of the managers and the control of the affairs of the hospital carefully prepared and published. A medical staff was elected in accordance with those rules, who consented to give gratuitously their services for the benefit of the hospital, and a meeting of the contributors was called for August 4th, 1873, to dedicate the building to the reception and cure of the sick and injured.

Just prior to that meeting, at an adjourned meeting of the Managers, called to hear the reports of several committees, the following resolution, much to the surprise of the Medical Staff, was adopted by the Board of Managers:—

"Whereas, It has been stated that if Homœopathic Medicines be procured, attendance will be furnished gratuitously by a Homœopathic physician: Therefore,

"*Resolved*, That a case of Homœopathic Medicines be procured, at a cost not exceeding one hundred dollars, so that if any patients wish to be treated under that system it may be done by a physician of that school."

On the issue thus made, John Curwen, M. D., and George W. Reily, M. D., members of the Board of managers, after having in vain protested against the adoption of such a resolution, resigned from the Board. At a meeting called to consider the subject, the entire Medical Staff, unwilling to compromise their position in the profession, not wishing, in the discharge of eleemosynary duties, to be hampered by influences adverse to their education, training and practice, and feeling that their usefulness to the patients under their charge would be impaired, appointed a committee of three to wait upon the visiting Managers at the hospital, protest against the enforcement of the resolution, confer with them as to the possibility of having it rescinded, and in case the protest would not be considered, submit the resignation of the Medical Staff.

The Managers were waited upon, the protest was made, and the subject fully discussed, when it was found that the Board intended to adhere to their expressed views: the committee, in accordance with their instructions, presented the following resignation of the Medical Staff to the Managers.

HARRISBURG, PA., August 6th, 1873.

To the Board of Managers of the Harrisburg Hospital:—

GENTLEMEN:—The undersigned respectfully represent that when we accepted the respective positions to which you elected us upon the Staff of the Hospital, we did so under the impression that the Medical and Surgical treatment of its patients would be entrusted entirely to our care, as they are in every regular Hospital.

You have seen fit, subsequent to our acceptance, to pass the following preamble and resolution:—

WHEREAS, It has been stated that if Homœopathic Medicines be procured, attendance will be furnished gratuitously by a Homœopathic physician: Therefore,

"*Resolved*, That a case of Homœopathic Medicine be procured, at a cost not exceeding one hundred dollars, so that if any patients wish to be treated under that system, it may be done by a physician of that school."

Whilst we should cheerfully and gratuitously have served the interests of the institution, to the best of our ability, as its sole staff, we cannot consent to act in a hospital wherein it is proposed to sanction a practice so utterly at variance with that in which we have been educated.

We therefore hereby respectfully tender our resignations.

H. O. Witman, M. D., Consulting Physician.
George Dock, M. D., Consulting Surgeon.
H. L. Orth, M. D., A. C. Renninger, M. D., Visiting Surgeons.
John W. Hay, M. D., George S. Hursh, M. D., Visiting Physicians.
Hugh Hamilton, M. D., John C. Hutton, M. D., Dispensary Physicians.

On the morning of the 7th inst., at a special meeting of the managers, the resignation of the Medical Staff was accepted, and on the evening of the same day, at a special meeting of the Society, the action of the Hospital Staff was unanimously endorsed as follows:—

"WHEREAS, The Board of Managers of the Harrisburg Hospital, having elected a competent Medical Staff of regular physicians, did, by the following resolution, passed subsequently to the said election, viz.:

"WHEREAS, It has been stated that, if Homœopathic medicines be procured, attendance will be furnished gratuitously, by a Homœopathic physician; Therefore,

"*Resolved*, That a case of Homœopathic medicines be procured, at a cost not exceeding one hundred dollars, so that if any patients wish to be treated under this system, it may be done by a physician of that school," attempt to introduce into the hospital a pretended system of medicine: Therefore,

"*Resolved*, That we cordially approve of, and endorse, the action of Drs. Curwen and Reilly, in resigning their positions upon the Board of Managers of said Hospital.

"*Resolved*, That we most cordially approve of, and endorse, the manly and high toned professional action of the Medical Staff in promptly resigning their positions in said Hospital.

"*Resolved*, That we, individually and as a Society, hereby pledge ourselves not to accept any position in said Hospital, unless each and every member of the late staff be re-elected by the Managers of said Hospital, and all other practice but that of the regular school of medicine be ignored."

In the report of the Managers of the Hospital for the year 1874, the resolution of August 4th, 1873, modified as follows, was incorporated in the rules, viz:

"Should any patient at the time of his or her admission request of the Steward or attending managers to be treated by a Homœopathic physician, the request shall be granted, and the Steward shall immediately notify such Homœopathic physician of Harrisburg, as may agree to serve the Hospital gratuitously for the time being."—*P.* 29, *Annual Report of Harrisburg Hospital*, 1874.

We have thus given a plain and succinct statement, with documentary evidence annexed, of the facts connected with the endorsement by the Society of the resignation, in 1873, of the Medical Staff of the Hospital.

The impossibility of endorsing even tacitly, a practice in the Hospital based on an "exclusive dogma," the absurdity of having any professional connection, either public or private, with Homœopathic practitioners, under any conditions or guarantees, and the resignation from the Board of Managers of the medical men who were conversant with the animus that originated the Homœopathic resolution, furnished ample reasons for the resignation of the Medical Staff.

And the Society would have been derelict in

its duty to the Pennsylvania State Medical Society, under whose auspices it was organized, would have failed to carry out the pledges made to the American Medical Association, when accepting for its government the rules of guidance laid down in their published code of Ethics, and to itself, if it had hesitated for one instant to endorse that resignation, based, as it was, on those convictions of right and duty which should, at all times, guide each and all of us in our intercourse with our professional brethren.

[Signed,] H. L. Orth, M. D.,
Jno. Curwen, M. D.,
Hugh Hamilton, M. D.

Resolved, That the same Committee be instructed to have printed the Report just read, and send copies to the Pennsylvania State Medical Society, and also to each and every County Society in the State.

Dauphin County Medical Society,
Harrisburg, Pa., February 26th, 1876.

We hereby certify that the above is a true and correct copy from the minutes of this Society.

[Signed] C. A. Rahter, M. D., *Pres.*
Attest: Hugh Hamilton, M. D., *Sec'y.*

On motion of Dr. Lee, its consideration was made the special order.

Dr. Traill Green offered the following, which was unanimously adopted:—

Whereas, the Dauphin County Medical Society, from a sense of high professional duty, has endorsed the action of the surgeons and physicians in resigning their positions, in 1873, on the staff of the Harrisburg Hospital, on account of the introduction of Homœopathic practice.

Resolved, That this society do commend and approve of that action.

Resolved, That while approving that action, we cannot endorse too fully the high-toned professional action which prompted the medical staff to decline to have anything to do with an institution that recognizes any system of practice based upon an "exclusive dogma."

Dr. Langfitt, of Allegheny City, offered the following:—

Whereas, The students of Homœopathic practitioners are annually graduated at regular medical colleges, openly avowing their intention to practice homœopathy, it becomes the duty of this organization to take cognizance of the fact. Further, that the degree of M. D. conferred upon these men is contrary to facts set forth in the annual catalogues of these colleges, *to wit, that the student, before admission, must have read medicine for a specified number of years, in the office of a regular member of the profession.* Further, that this constant admission of students of homœopathic practitioners is detrimental to the remaining graduates of these colleges, an injury to the profession at large, and calculated to put a premium upon quackery, and to bring the colleges into disrepute, both at home and abroad, therefore be it

Resolved, That it is the opinion of this organization that the Faculties of the various Medical Colleges, in justice to their graduates, should remedy this evil, and that in all instances of doubt as to the standing of a student's preceptor, they should refer to the county society in the county from which such student comes.

Dr. Winslow, of Philadelphia, offered to amend:—

We, the delegates of the Pennsylvania State Medical Society, hereby express our earnest desire that the Faculties of the Regular Medical Schools shall demand of each candidate for graduation a certificate of three years' study of medicine, from a regular physician, whose respectability is endorsed by the county society.

After discussion by Drs. Cohen, Keiffer, Baehr, Pollock, Sibbett, Agnew and others, on motion of Dr. O'Neil, the whole subject was laid on the table.

Dr. Pollock, of Pittsburg, offered the following:—

No member of any County Medical Society shall admit into his office a student of medicine, until he presents a certificate from the Examining Committee, testifying that he has been duly examined, and has a good English education, and sufficient knowledge of Latin and Greek to enable him to pursue his studies with advantage.

After much discussion, it was referred to a committee of five, to report at the next meeting of the Society. Committee, Drs. Pollock, Stewart, Pursell, Ross, of Altoona; and Miller, of Huntingdon.

On motion of Dr Langfitt, this action was reconsidered, and the whole matter was again referred to the Committee.

Dr. Curwen presented the following report of the Committee on Nominations.

President—Dr. R. B. Mowry.

Vice Presidents—Drs. George W. Reily, Amos Seip, Thomas Lyon, D. P. Miller.

Corresponding Secretary—Dr. Thomas M. Drysdale.

Permanent Secretary—Dr. Wm. B. Atkinson.

Treasurer—Dr. Benjamin Lee.

Recording Secretary—Dr. H. L. Orth.

Committee of Publication—Drs. Wm. B. Atkinson, J. G. Stetler, Benjamin Lee, T. M. Drysdale, James Tyson, Albert Fricke, H. L. Orth.

Delegates to the American Medical Association—Dr. F. C. Harrison, Union; Dr. W. S. Welsh, Venango; Dr. G. B. Mitchell, Mifflin; Dr. A. M. Neyman, Butler; Dr. Wm. Corson, Montgomery; Dr. I. N. Pierson, Adams; Dr. Wm. Heisen, Allegheny; Dr. P. L. Reichard, Lehigh; Dr. Jos. Coblentz, Berks; Dr James Eby, Perry; Dr. I. N. Snively, Franklin; Dr. Wm. Anderson, Indiana; Dr. C. A. Rahter, Dauphin; Dr. L. Turnbull, Philadelphia; Dr. R. Davis, Luzerne; Dr. I. S. Crawford, Lycoming; Dr. B. Leaman, Lancaster; Dr. John G. Stetler, Philadelphia; Dr. W. I. Ainey, Susquehanna; Dr. R. J. Levis, Philadelphia; Dr. Joseph McElroy, Washington; Dr. I. I. Morrow, Mercer; Dr. W. B. Ulrich, Delaware; Dr. W. M. Reber, Columbia; Dr. Traill Green, Northampton.

Place of meeting, Harrisburg. Time of meeting, second Wednesday of June, 1877.

Resolved, That the members of the Dauphin County Medical Society appoint the Committee of Arrangements for 1877.

Resolved, That the censors of the several districts be continued as registered, unless it is especially desired to substitute another name.

Dr. L. A. Smith substituted in Susquehanna, for Dr. W. I. Ainey.

Dr. W. H. Daley in place of Dr. M. O. Jones, Allegheny.

Delegates to the New Jersey Medical Society—Montgomery, Dr. Hiram Corson; Dauphin. Dr. George W. Reily; Dr. I. D. Leslie, Susquehanna.

Delegates to the New York State Society—Dr. Wm. M. Wallace, Erie; Dr. I. B. Murdoch, Allegheny; Dr. C. Halsey, Susquehana; Dr. Thomas Lyon, Lycoming; Dr. B. Gillette, Venango.

Delegates to Ohio State Medical Society—Dr. F. C. Harrison, Union; Dr. E. A. Wood, Allegheny; Dr. S. L. Blachley. Washington.

Delegates to Delaware State Medical Society—Dr. Edwin Fussell, Delaware; Dr. P. D. Keyser, Philadelphia; Dr. J. S. Crawford, Lycoming; Dr. A. B. Dundore, Berks.

Delegates to West Virginia State Medical Society – Dr. S H. Benton, Venango; Dr. S. M. Ross, Blair; Dr. A. Shaffer, Mifflin.

Delegates to Medical and Chirurgical Faculty of Maryland—Dr. I. W. C. O'Neill, Adams; Dr. I. N. Richards, Bedford; Dr. D. I. McKibben, Schuylkill; Dr. A. H. Senseny, Franklin.

Delegate to Connecticut Medical Society—Dr. S. N. Benham, Allegheny.

Delegates to International Medical Congress—Dr. Joseph Swartz, Perry; Dr. W. Murray Weidman, Berks; Dr. S. B. Kieffer, Cumberland; Dr. W. I. Langfitt, Beaver; Dr. Wm. Anderson, Indiana; Dr. J. L. Atlee, Lancaster; Dr. I. W. Anawalt, Westmoreland; Dr. Amos Seip, Northampton; Dr. John T. Carpenter, Schuylkill; Dr. I. L. Stewart, Erie; Dr. A. H Sheaffer, Mifflin; Dr. Wm. Irvin, Butler; Dr. R. J. Dunglison, Philadelphia; Dr. L. Turnbull, Philadelphia; Dr. Geo. Strawbridge, Philadelphia; Dr. S. D. Gross, Philadelphia; Dr. R E. Rogers, Philadelphia; Dr. G. W. Underwood, Luzerne; Dr. W. L. Richardson, Susquehanna; Dr. John D. Ross, Blair; Dr. A. M. Pollock, Allegheny; Dr. C. B. King, Allegheny; Dr. H. L. Orth, Dauphin; Dr. Wm. Savery, Montgomery; Dr. L. B. Kline, Columbia.

Resolved, That any vacancies in the list of delegates to the International Medical Congress be filled by the President and Secretary.

On motion of Dr. Cohen, the report and resolution were adopted, with the exception of the delegation to the International Medical Congress from Philadelphia.

Dr. Lee, the Treasurer, explained, for the benefit of the members, the mode by which the County societies should pay to the State Society. On motion, adjourned.

THURSDAY AFTERNOON.

The President called the Society to order at 3½ P. M.

Drs. D. S. Booth, of Illinois, D. E. Byrd, Arkansas, B. S. Woodworth, Indiana, were made members by invitation.

An invitation was read from Professor R. E. Rogers, to visit the new buildings of the University, and one from the Academy of Natural Sciences, to visit that building. Both were received, with thanks.

Dr. Stetler, of the Committee on Unfinished Business, reported but one item, and that was the amendment to the Constitution offered two years ago.

The report was received, the amendment taken up, and the amendment was negatived.

Dr. H. Corson offered a resolution to publish a report made some years ago on infanticide, and not then published.

This was discussed by a number of members. The Committee of Publication called attention to the fact that if this were published, it would establish a bad precedent, inasmuch as it had already been published by another body. The resolution to publish it in the next volume of *Transactions* was then agreed to.

Dr. Curwen, of the Committee on Insane Criminals, reported that they had failed to obtain the necessary legislation. The Committee was discharged. Dr. Curwen also reported on the subject of the Southeastern Insane Asylum, and was, by request, discharged.

Vice President, Dr. Nebinger, in the chair.

Dr. Curwen then brought up the subject of the insane poor, and on motion of Dr. Green, the memorial was ordered to be published with the Transactions.

Dr. Curwen was requested to prepare a further statement, to be issued at once, and also published in the Tranactions.

Dr. J. L. Atlee, read an obituary of Dr. Edward Wallace, of Philadelphia, and offered the following, which was unanimously adopted:—

WHEREAS, In the dispensation of Providence, our late fellow-member, and President of the Society, Dr. Edward Wallace, of Philadelphia, has been removed from the sphere of his usefulness, be it

Resolved, That the Society has heard with much regret of the death of Dr. Edward Wallace, whose sterling qualities as a man, and scientific acquirements and skill as a physician, commanded our respect, while his gentle manners and amiable disposition secured our affection.

Resolved, That these resolutions be entered upon our minutes, and communicated to his family.

Dr. Dysdale offered the following, which was unanimously adopted:—

WHEREAS, Much of the efficiency of this Society is due to the manner in which the Permanent Secretary has fulfilled the duties of his office, which occupy much valuable time,

and which are onerous; and believing that it is but fair to recompense him, as is done by similar bodies, for his time and labor in preparing our annual volume of Transactions, and in performing other duties; and, that an incentive should be offered him to continue his valuable labors; therefore, be it

Resolved, That the Treasurer be instructed to pay him annually the sum of three hundred dollars, commencing with the present meeting.

Dr. Winslow, of Philadelphia, offered the following:—

WHEREAS, It is a well-known fact that students of homœopathic physicians, as well as many of those of the regular profession, are permitted to graduate at our medical colleges, often without any certificate of three years' study being demanded, and when so demanded, the status of the signer is not determined; therefore, be it

Resolved, By the Pennsylvania State Medical Society, that this condition of affairs shall be explained, by committee or otherwise, to the Deans of our medical institutions, that so grievous an evil may be remedied.

After some discussion it was indefinitely postponed.

Dr. Lee read his report as Treasurer, showing a balance of $1072.68. It was received and referred to auditors, Drs. Stetler, Turnbull, and Taylor.

On motion of Dr. Pollock, the Committee on Medical Legislation was continued.

Dr. Atkinson, Chairman of the Committee of Publication, read his report, which was received and entered on the minutes.

Dr. Lee moved that the Committee on Medical Legislation be directed to confer with the College of Pharmacy on such points as touch the prescribing by druggists.

After some discussion, this was lost.

A petition from Dr. Buehler was offered, but as that matter had already been settled, it was not read.

Dr. Turnbull read the report on the proper mode of administering anæsthetics. Two members of the committee considered the ordinary napkin the best for inhalations, for reasons given; the third offered various inhalers, etc.

The report was referred to the Committee of Publication.

The auditors reported the Treasurer's accounts correct.

A bill from Dr. Sibbett was ordered paid.

The Committee on Fees for Post-mortems reported as follows:

The Committee on Post-mortem Fees, recommend the repeal of all special legislation upon fees for autopsies. Also, that the fees established by county medical societies be the standard of charges for professional services. Further, that a committee be appointed, of one physician from each censorial district of this commonwealth, who shall procure the proper legislation (if possible) for the purpose.

S. M. ROSS,
A. M. POLLOCK,
E. A. WOOD,
Committee.

The report was adopted.

Dr. Stetler offered the following amendments, which were laid over for one year:

Amend Art. I, Sec. 1, of the By-Laws, by striking out the words, "open the annual session with," in the 3d line, and insert the word *deliver*, and after the word "and," in the same line, insert *annual*.

Amend Art. IV, Sec. 3, of the Constitution, by adding the words *ex-officio delegates*, after the word "delegates," in the first line.

On motion of Dr. Stetler the Standing Committee was continued.

On motion of Dr. W. L. Atlee, thanks were tendered to the President and all the officers for their official services.

Thanks were tendered to Drs. Atlee and Levis, for their handsome reception; to the elders of the Church, for the use of the building; to the profession of Philadelphia.

Drs. W. L. Atlee and Bruce then conducted the President-elect to the chair.

Dr. Mowry, President-elect, then addressed the Society.

On motion, the Society then adjourned, to meet at Harrisburg, June, 1876.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Healing of Wounds.

At a meeting of one of the sections of the British Medical Association, Dr. Hirschfeld made some remarks on the treatment of wounds, and said the first step was to stop hemorrhage, which was to be done by styptics, torsion, ligature, acupressure. He considered the use of styptics to be exceptional; torsion he considered best in all cases, except when the vessels were very large or diseased; acupressure was used by him only when hemp or catgut ligatures could not be applied, or had failed, and when torsion had been impossible also, or had failed. The second step was to remove foreign bodies, which, he thought, could be better done by a scalpel or the fingers than by long sponging or washing, which he thought injurious,

as the water, especially if pure, was liable to be absorbed. He had no objection, however, to a slight rush of water, especially if it had a little salt in it. The third step was to let the wound glaze. The fourth was to place the surfaces in apposition, which was to be done after glazing had taken place. The fifth step consisted of using deep silver and horsehair sutures; and the sixth step was to place the part in an easy position. These matters having been attended to, and a glass drainage-tube applied, the wound was to be treated according to the temperature of the parts; if too cold, warmth was to be applied; and if too hot, the surgeon should remove the sutures, and irrigate, if necessary; but, if there were no excess either way, the line of the wound should be left bare. Both dry and wet cold might be used; the former very conveniently by ice-bags made of gutta-percha tissue glued with chloroform at the edges, or by irrigation over gutta-percha; the latter by ordinary lint, or by irrigation with worsted threads introduced into a vessel of water above the limb, and having the free ends applied to the part affected. The extent to which cold should be carried could be regulated by the sensations of the patient. He believed irrigation best in all cases where the wound could not safely be left bare. He had in this way successfully treated lacerated wounds, including compound dislocation of the ankle, where irrigation had been continued for weeks, until in fact, the heat has become normal. In one such case, the patient was in bed for ten weeks, after which passive motion was commenced, and in six months there was perfect movement.

On Athetosis and Allied Disorders.

Dr. W. R. Gowers presented a paper to the Royal Medical and Chirurgical Society of London, the object of which was to bring forward two cases of disordered movement similar to that to which Hammond has given the name of "athetosis," and to consider the relations of that affection in a general survey of the various forms of unilateral motor disturbance. One of the cases had presented slow involuntary movements leading to various distortions of the hand, and a similar, although less striking, condition in the foot. The movement had supervened on a slight attack of hemiplegia. Under electrical treatment, the spontaneous movements, after existing two years, ceased, only incoördination of voluntary movement remaining. In the other case, the movements were slight, and only characteristic when the hand was extended. They had been preceded for some time by unilateral numbness. It was pointed out that neither the clinical history nor the supposed pathology of athetosis afforded grounds for separating it from other forms of disordered movement commonly seen after hemiplegia, but any one of which might occur as a primary affection. The essential element in athetosis was a slow, remitting, mobile spasm, and it differed from the common post-hemiplegic contracture, chiefly in the absence of fixed spasm. The varieties of quick intermitting spasm, regular and irregular, were then described, and its effect in producing incoördination, both choreiform and violent. In a case of extreme incoördination of the arm after hemiplegia, the necropsy showed a cicatricial induration extending through the middle of the optic thalamus. There was no secondary degeneration of the spinal cord. In "late rigidity," it was pointed out, two elements might be discerned: one varying, ceasing during sleep, increased by an attempt at movement; the other unvarying. The latter only was to be referred to changes in cord and muscle; the former possessed many features in common with mobile spasm, and was probably to be referred to brain-changes. Several illustrative cases were shown, and a table was exhibited grouping the various disorders of movement under the three heads of "intermitting," "remitting," and "fixed" spasm.

The Use of Ergot in Uterine Polypi.

Speaking of the medical treatment of intra-uterine polypi, Dr. A. Reeves Jackson remarks, in the Chicago *Medical Journal and Examiner:*

There is one medicine, to the efficacy of which I desire to bear testimony. I allude to ergot. Its use is especially indicated in cases where growths of fibrous character are passing from the condition of submucous tumor to that of polypus; and also in cases where polypi of any kind have come to press against, and do not quite pass through the os uteri. In these cases the ergot, by inducing firm contraction of the uterine walls, forces the growth downward; it becomes more quickly and decidedly pedunculated, and consequently more accessible to radical treatment. At the same time it is the most efficient agent under these circumstances in checking the hemorrhage. Prof. Byford has informed me that it has been his custom for many years to rely chiefly upon this drug for the purposes mentioned.

On the same subject, Dr. A. R. Smart says, in the Detroit *Review of Medicine and Pharmacy:*

I have used ergotine in one case of interstitial uterine fibroid, occupying the posterior wall of the organ; the cavity was increased to four and one-half inches. The patient, a lady of fifty-three years, had suffered over a year from exhausting hemorrhages, and was very anæmic and much reduced in strength. For some weeks before commencing the use of ergotine, she had been partially aphasic, and had suffered incomplete hemiplegia. The injections were made over the lower portion of the abdomen with a solution of ergotine in glycerine and water, at first, which irritated so much that it was changed for the fluid extract. The injections were repeated every second day for about six weeks. The hemorrhage then having entirely ceased for four weeks, and the general appearance being much improved, they were omitted. The hemorrhage soon returned, and the injections

were resumed, and continued for two months, with immediate effect in arresting the metrorrhagia. The patient then passed from my observation, but I have since learned that, up to July last, over three months afterward, she had been free from a return of the trouble.

According to the experience of most observers, ergot is most certain to benefit when the growth is firm and elastic and has not degenerated, but remains vascular. When its seat is sub-mucous or intestinal, where the uterine walls are healthy and capable of contraction, the ergot acts not only by directly cutting off blood supply to the tumors, but also in causing contraction of the uterine wall, and exciting atrophy.

Muscæ Volitantes.

Dr. C. S. Fenner, in the *American Practitioner*, says of these bodies :—

Muscæ volitantes are found in all eyes, in youth as well as in after-life; but ordinarily, owing to a wise provision of nature (diffraction), they cast no shadows on the retina, because, owing to their small size and the large size of the pupil, the shadows they would otherwise produce are obliterated by the bending of the rays of light around the opaque bodies before reaching the retina. In order that their presence in the eyes may become manifest, it is ordinarily necessary that the light should come from a point or be admitted through a minute opening in a screen held before the eye. Any one can easily prove the existence of great numbers of opaque bodies in their own eyes by making in a black card or piece of tin foil a small perforation with a fine needle, and looking through the hole with one eye—the other being closed—at the clear sky or at a milk-glass shade over a gas-light, or even at a sheet of white paper held before a brightly-burning lamp.

These bodies increase in size and number with advancing age, so as to be often visible in the ordinary exercise of vision. They frequently appear after vascular irritation, often induced by wearing glasses unsuited to the eyes, and cause painful forebodings of future blindness. It is only in high grades of near-sightedness (*posterior staphyloma*) that their presence should be the cause of alarm. It is not my purpose to treat of entoptic phenomena in this paper, but simply to caution general practitioners against what seems to be a too common practice with many, to attribute all (to them) obscure affections of the eye to a disease of the optic nerve.

In reference to muscæ volitantes perhaps it may be well to quote Donders, who says "that few symptoms prove so alarming to persons of a nervous habit as muscæ volitantes, and they immediately suppose that they are about to lose their sight by cataract or amaurosis. Often, alas! this anxiety is even still kept up by ignorant practitioners."

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"Laceration of the Soft Parturient Passages," including one unreported case, and some details of ten others reported in various publications, illustrative of the subject. A Monograph. By M. F. Bridgman, M. D., of Boston. 1875, pp. 33. The title of this little pamphlet fully explains it contents. Dr. Bridgman carefully details the nature, symptoms, results, and appropriate treatment of this terrible complication of labor. We must differ a little with him in the statement that "there is more or less laceration of the os uteri in every case of labor." If this were correct, then labor would cease to be what it really is, a truly physiological act. Dr. Bridgman carefully details a case which occurred to him. Unfortunately, no post-mortem was held, and hence the seat of the rupture was unknown, though the evidence pointed to its location at the fundus. We feel under an obligation to Dr. Bridgman for thus putting on record his case. He accompanies it with a brief résumé of a number of similar cases, which greatly add to the value of his little monograph.

——Announcement is made in the *Répertoire de Pharmacie* that Professor Chevallier finding himself compelled to give up the direction of the *Journal de Chimie Médicale*, which he has edited for fifty years, these two journals will be combined.

——The Dublin *Medical Press and Circular* remarks :—In the library of the Medical Society of London there exists a copy of a work by Servetus, "Christianismi Restitutio—De Trinitate Divina." Every original copy of this work except one, which was retained by Colladon, one of Servetus' judges, was burned along with the author, by the implacable Calvin, for which copy the late Duke of Valiese paid nearly 400 guineas, and it sold at his sale for 3810 livres to the King of France. The edition, a copy of which is in the library of the Medical Society,

is without name of place, printer, or date. It is said to have been printed in London, in the year 1523, by Palmer, in Swan Alley, for Thomas Osborne, bookseller, but before it was completed was seized upon by John Kent, *Messenger of the Press*, and Wm. Squire, *Messenger in Ordinary*, on the 27th of May, in the above year, at the instance of Dr. Gibson, Bishop of London, and burned, a very few copies excepted. In this book is contained the first account of the circulation of the blood—nearly eighty years before the immortal Harvey published his discovery—(page 143 to page 151).

BOOK NOTICES.

Botanical Hand-book of Common Local, English, Botanical and Pharmacopœial Names, arranged in alphabetical order, of most of the Crude Vegetable Drugs, etc., in common use: their Properties, Productions and Uses, in an abbreviated form. Compiled by Charles E. Hobbs. For sale by James Campbell, Boston. 1 vol., 8vo, pp. 271.

This work is arranged in three sections, and forms a complete index to medical botany. These sections are disposed as follows:—

The first division of the work comprises a complete alphabetical list of common and local names by which botanical articles are known, referring to a second column, in which is the usual commercial English name of each common name; and a third column giving the botanical name of both, from the best recognized authorities. This division of the work comprises 135 pages, giving over 8000 references, being a more complete list than has ever been published in any book of this kind.

The second division of the work comprises a complete list of botanical names and synonyms, followed in the second column by their common names, and in the third column, in the case of the botanical names, giving the parts of plants and substances used, their properties and productions; and in case of synonyms, the name it is a synonym for. The exhaustive manner in which this part of the subject has been treated may be inferred from the fact that 88 names of Cinchona are mentioned; and the author has standard authority not only for the botanical names, but for the explanations given. In this part of the work are 85 pages, and over 5000 botanical names.

In the third division of the work, precedence is given to the Pharmacopœial names, of which there are more than 2700, alphabetically arranged, on 46 pages, with the authority, whether United States, British or German Pharmacopœia is referred to. In this list the common names come second, and the botanical names in the third column. The list is most complete, containing as it does in the list of Balsamum, 29 names; Cortex, 159 names; Flores, 116 names; Folia, 90; Fructus, 51; Gummi, 66; Herba, 352; Oleum, 233; Radix, 325; and Semen, 141.

Few physicians but have experienced the want of an index of this nature; and Mr. Hobbs has here compiled one with every desirable care and fullness. Druggists have constant need to refer to it, and they should regard it as next indispensable to the Dispensatory and Pharmacopœia.

The Student's Guide to the Practice of Midwifery. By D. Lloyd Roberts, M. D., M. R. C. P., London, etc. Philadelphia, Lindsay & Blakiston, 1876. pp. 317. Price $2.25.

"This manual is written mainly for the instruction of students, though I hope it may sometimes be found of service to practitioners whose scant leisure may make it difficult for them to consult larger works."

These are the opening words of the author in his preface, but we cannot hope, after a careful perusal of the work, that very many practitioners, much less students, will be tempted to waste their time upon it.

Manuals are always objectionable. No practitioner should ever be satisfied to use one, even though it were the best of its kind. As a *guide* to the student, it is a failure, as witness the following: "The pelvis, as a whole, for obstetrical purposes, is divided into true and false pelvis; the *true being that portion of it above the ilio-pectineal line, and the false that portion situated below it.*"

From the nature and variety of the subjects treated, this book assumes the part of a text-book rather than that of a manual, and yet as a text-book it fails to impart the information most desired.

We would be glad to herald this as the last of its race, and are grateful to know that it is not the product of an American author.

THE

Medical & Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M. D., EDITOR.

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CAUSES OF THE INCREASE OF NERVOUS DISEASE.

There is a general belief on the part of physicians that nervous diseases are on the increase, and a strong suspicion among many of them that insanity also is growing in prevalence.

There is little doubt but that the immense and augmenting use of alcohol and tobacco has much more to do with these facts—for facts we hold them to be—than the much-talked-of "pressure of modern life," "competition," "over-brain-work," etc. Insanity from alcohol is observed where this competition is at a minimum; in Guiana, for instance. Dr. J. S. Donald, in a late article on lunacy there (in the *Journal of Mental Science*), observes:—

"With regard to the etiology of insanity in this colony, I cannot say that I find it in any way depending on, or modified by, the nature of the climate. One of the most fertile causes is intemperance. I have noticed this more particularly among Creoles and Portuguese, and in many cases I have been able to trace alcohol as the direct agent.

"Among the lower classes rum is mostly used, and frequently in the form of 'high wines,' *i. e.*, rum 40 over proof. It can easily be understood that this in time seriously interferes with the bodily health, and, acting as a poison, eventually produces cerebral lesions."

Not less certain is it that tobacco brings about the same result. Some years ago the French government directed the attention of the Academy of Medicine at Paris to this subject. A scientific statistician with an imperial commission was empowered to collect facts and data for a report, and a commission was appointed to inquire into the influence of tobacco on the human system. The report stated that a large number of the diseases of the nervous system and of the heart, noticed in the cases of those affected with paralysis or insanity, were to be regarded as the sequence of excessive indulgence in the use of tobacco. M. Jolly said that "tobacco seems primarily to act upon the organic nervous system, depressing the faculties and influencing the nutrition of the body, the circulation of the blood, and the number of red corpuscles in the blood." Attention was also called to the bad digestion, benumbed intelligence, and clouded memory of those who used tobacco to excess.

Dr. B. W. Richardson, of London, observes that "smoking produces disturbance of the blood, of the stomach, heart, and brain, of the organs of sense, and of the nervous filaments of the sympathetic and organic nerves." Again, he states that "tobacco-smoking arrests oxygenation of the blood, and thus interferes with the full development of the structures of the body, especially in the young."

For all this, it is ominous to note that in Great Britain, from every fresh return compiled, the use of tobacco is fast increasing, even when due allowance is made for increase of population. A recent report of the Inland Revenue Commissioners shows that, in the year 1841, 23,096,281 lbs. weight was cleared in the

United Kingdom, giving 13¾ oz. per head of the population; whilst in the year 1874 the weight cleared was 46,991,590 lbs., being at the rate of 1 lb. 7 oz. per head.

In the United States, France, and Germany the same is apparent.

In this connection, it is noteworthy that Dr. A. F. W. Lyle states, in the Cincinnati *Lancet and Observer* (April, 1876), that sassafras counteracts the injurious effects of tobacco on the nervous system. This, he adds, was first pointed out by Dr. Thompson, of Nashville, Tenn. A few drops of oil of sassafras, mixed with smoking tobacco, will, he asserts, render it innocuous.

Notes and Comments.

Mercurial Poisoning from Canned Meats.

A a recent meeting of the chemical section of the New York Academy of Sciences, Professor Falke stated that, on opening a can of cooked corned beef, put up by a company in Chicago, he noticed some bright metallic globules, which proved to be metallic mercury. Beside these, a considerable quantity of combined mercury was present in the form of albuminate of mercury. How the poison came in the meat is a mystery; but a member suggested that, inasmuch as thermometers are employed to regulate the temperature when canning, the mercury may have come from a broken thermometer. It may be interesting to note that a case of poisoning has been reported in Boston from eating canned cooked corned beef. Another member of the Academy stated that he too suffered severely after eating two ounces, but whether from mercury he could not say.

Multiple Gastric Ulcer.

As gastric ulcer is an insidious and often larvated disease, it is worthy of note that, at a late meeting of the Pathological Society of London, Dr. Greenfield showed a specimen of multiple ulcers of the stomach, from a female who had suffered from several attacks of hæmatemesis, for one of which she was admitted into St. Thomas' Hospital. She remained in the hospital for about three weeks, without recurrence of hemorrhage, but died from perforation of an ulcer in the cæcum. The stomach presented five ulcers situated on the posterior wall in the neighborhood of the lesser curvature; two of them had cicatrized, and there was much thickening of the walls of the stomach, which was contracted in an hour-glass manner; the remaining three ulcers were open. Dr. William Brinton, out of 637 cases of gastric ulcer, met with three in which there were four ulcers, and two in which there were five. The specimen showed that some of the ulcers were of much older date than the others. It also bore out the fact of their occurrence upon the posterior surface near the lesser curvature. It had been noticed that when two ulcers occur they are usually placed opposite to each other, one on the anterior and the other on the posterior wall. They occurred here on both sides of the contraction.

Stove Polish as an Irritant.

A correspondent suggests that a fertile source of catarrhal and bronchial irritation may be found in the use of stove polish. This being of metallic substance and of a drying nature, is expelled by heat, and mingles with the air of the room, and in this state of minute division finds its way into the respiratory tract, adhering to the first moist substance it meets. Hence the pharynx and Schneiderian membrane suffer rather than the lungs. He thinks follicular pharyngitis is often maintained by these exhalations.

Detection of Nitro-benzol.

The *Scientific American* says that to detect nitro-benzol in oil of bitter almonds, take a solution of chloride of tin, and add excess of caustic soda until the precipitate dissolves, then add a few drops of the substance to be tested, and heat. If nitro-benzol is present, it will be reduced to aniline. Next, add a few drops of carbolic acid and some hypochlorite of soda (Javelle water), when the peculiar purple color is produced.

Purification of Sulphide of Carbon.

Instead of the usual method of purification with mercury salts, S. Kern recommends the nitrate of lead, pulverized and mixed with a little metallic lead. The bisulphide is shaken with fresh quantities of the salt as long as it continues to blacken it; then it is decanted and distilled. The affinity of lead for sulphuretted

hydrogen and sulphur in general leads us to believe that Mr. Kern's method will prove a good one. Strips of bright metallic copper will also soon remove the color and much of the odor from bisulphide of carbon. Unfortunately, exposure to light causes both odor and color to return.

CORRESPONDENCE.

THE CENTENNIAL INTERNATIONAL EXHIBITION.

Letter II.

PROFESSOR POLITZER'S DISPLAY IN OTOLOGY.

CENTENNIAL EXHIBITION, May 22, 1876.

ED. MED. AND SURG. REPORTER:—

The friends of otology in this country were much disappointed when it was announced that the distinguished professor Politzer, of the Royal University of Vienna, would not visit Philadelphia this season as a member, by invitation, of the International Medical Congress. This specialist, whose attainments are far above those of his fellows, in both special and general pathology, has not forgotten to contribute some most valuable and rare preparations, for exhibition, to the International Fair. The exhibits of Professor A. Politzer consist of "Anatomical and Pathological Specimens of Healthy and Diseased Portions of the Human Ear," some forty-nine in number, showing the minute structure of the membrana tympani, middle ear, ossicula in position, labyrinth, semicircular canals and cochlea, prepared with a great amount of care. These specimens are tastily mounted, and are in a glass case, and would be a most worthy companion to Professor Hyrtl's collection of the bones of the ears of almost all the animal creation, as well as those of man, now the property of the "College of Physicians" of Philadelphia. Beside the large case, there is a smaller one, sent by Dr. Politzer, of fifteen actual, but enlarged, casts in plaster of the membrana tympani in its healthy and diseased state, as well as its appearances indicating intra-tympanal disease.

Those who are interested in this collection will find it in the Austrian department, P. 28, Main Building, where will be found many other interesting objects well worthy of a visit from the physicians of this country.

As early as 1862, Dr. Politzer was an earnest and devoted student of the ear and its diseases, and published his valuable discovery of inflating and injecting the middle ear and Eustachian tube with air by means of his new apparatus. The value of this simple yet efficient means of restoring the hearing cannot be estimated, except by those who have experienced its brilliant results. By this means, a new power, of great utility, was placed in the hands of the aural and general surgeon, which alone cured or relieved thousands of cases of deafness as if by magic, simply by removing a plug of mucus, or restoring the patency of the collapsed Eustachian tubes, and causing a renewal of the air in the tympanum.

In 1864 Politzer, associated with Von Tröltsch and Schwartze, issued a most reliable journal, filled with useful and original communications on subjects connected directly or indirectly with the ear and its diseases.

In 1865 Dr. Politzer was elected a Professor of Otology in the University of Vienna, a very high compliment to a most deserving aspirant, who had, by his original investigations, become fully worthy of the high place to which he was elevated.

In 1868 this distinguished writer published an original work "On the Membrana Tympani in Health and Disease," illustrated by twenty-four chromo-lithographs, with clinical contributions on the diagnosis and treatment of diseases of the ear. This beautiful monograph was translated and published in the United States, and not only became of great utility to aural surgeons, but must soon become familiar to the general practitioner, for without such a guide no one can undertake to diagnose the nature and extent of aural affections.

With this work on the various appearances of the membrana tympani, accompanied with a thorough, general treatise (like one of our own text-books), the general practitioner may soon prepare himself to treat successfully, in their early stages, many of the cases which are now allowed to pass into an incurable state. Politzer has devoted much time and study to the action of the tuning fork, so as to make it of more utility in the diagnosis of the more obscure diseases of the ear. The latest work of Politzer is a series of wall plates (chromo-lithographs), beautifully, and withal correctly, drawn, we suspect, by the Professor himself. These large pictures are especially useful to the lecturer for class demonstration. Two illustrations of these plates will be found over the case before described. Visitors can receive every information in regard to duplicates, etc., by applying to Dr. Charles H. Burnett, of this city, who has charge of the collection, or to Dr. Migerka, at the office of the Austrian Commission for the International Exhibition, any day, at twelve o'clock. Yours, etc., L. T.

Foreign Body in the Throat.

ED. MED. AND SURG. REPORTER:—

On the 19th of last month I was sent for by Patrick McCarty, 87 Frankfort street. I arrived at his house at three o'clock P. M. He told me that he awoke at one o'clock in the morning with a choking sensation in his throat; that he was very much alarmed, and sent for a doctor at that early hour; not finding any relief, he sent for another by eight o'clock. I

was the third. He was sitting in a chair, complaining of great difficulty in swallowing and in breathing. On looking into the throat, the fauces were very red and intensely congested. No œdema of the glottis; pulse regular, but rather weak; no fever. Physical examination showed some large crepitation over both lungs; no dullness. I was at a loss to account for so much suffering from a sore throat merely; but he was a very nervous man, and I attributed much of his symptoms to that cause.

Next morning I was sent for in haste. His wife, who was also the messenger, told me that last night he missed his false tooth and the plate which held it. She looked all over the bed, but could not find it. She said that he must have swallowed his false tooth, to which he agreed.

When I again saw him he looked bad. He complained of intense pain in his throat, about three inches below the cricoid cartilage, and to the right of the median line; no fever; pulse feeble; color bad; skin cold; could not lie down; could not swallow a drop of water; breathing rather difficult; appearance of fauces about same as yesterday. I passed my finger down as far as possible, but could feel nothing. Among the instruments that I brought from my office was one that is called "the bristle probang." Having passed it down the œsophagus near to the cardiac orifice, I expanded the bristles and drew up the probang quickly; but, alas! though I felt the foreign body, I did not fetch it; it slipped the bristles. However, I tried again. Passing it down in the same manner, I drew it up a little more slowly, and to my great joy, and to the delight of the patient, I landed the obstruction on the floor. The plate measured two inches in length and one in width; it was made of hard rubber, the edges sharp and serrated, with one incisor tooth attached. The patient was immediately relieved.

The most remarkable thing about the case was that the man did not miss his tooth for twenty hours after he had swallowed it, and it was only by his wife calling attention to it that he began to feel as if he had. He went to bed sober.

Over seven years ago I was at Tieman's, the instrument maker. Happening to see "the bristle probang," and thinking it might be useful in withdrawing pins and needles from the œsophagus, I bought it. I never had occasion to use it until this time, but it was certainly on this occasion the means of saving the man's life. If that sharp plate had remained where it was, or had gone down into the stomach, it must have cut its way out somewhere, causing ulceration and peritonitis.

There is now in the museum of Bellevue Hospital a specimen where some false teeth attached to a gold plate were swallowed, causing pericarditis and death. Some time in 1864, a man was brought into the hospital with delirium tremens; after a few days pericarditis was established, and the man died. The post-mortem revealed the fact that the false teeth had ulcerated through the œsophagus into the pericardium.

Gentlemen, do not go to bed with false teeth in, nor get drunk before you place them in your pocket. Yours truly,

JOHN BURKE, M. D.,
147 *Lexington avenue, New York city.*

The Causes of Typhoid Fever.

ED. MED. AND SURG. REPORTER:—

Your correspondent, W. J. Craigen, in No. 20 of your journal, contends that sewers and cesspools are not a cause of typhoid fever. I suppose the Doctor means defective sewers and cesspools; for properly-constructed sewers are doubtless preventives, and not causes. Doctors will differ. The Doctor thinks that his experience has taught him the fallacy of the sewer theory, and smiles at those who hold a different opinion. He quotes the opinion of Professor Wood, who believes that crowded localities and miasmatic influence may cause it; and also that of Trousseau, who says that it is endemic in great centres of population.

The Doctor says that he has found the disease among lumbermen, deep in the pine forests, where there *are no cesspools*, and that it occurs in small, open towns, where density of population does not exist.

It does not appear to occur to the Doctor, that the *absence* of sewers is probably the cause of its occurrence in the above-named places.

If the Doctor had maintained that emanations from sewers and cesspools were not the only originators of the disease, he would, probably, have found no one to deny the proposition; but when he says that they are never a cause, he runs counter to the opinion of the entire scientific world.

That we do not yet know the specific organic poisons capable of producing the disease, I readily acknowledge. I am, however, inclined to think, with Professor Flint, that probably the next great discovery in medicine will be the nature of these invisible agents, and thence a prophylaxis.

That we cannot, in every instance, trace the disease to its cause, only proves our own defective means of observation; but when we go earnestly to work, I think that we will find very few cases in any place, even on the mountain-tops, in which we cannot trace the disease to defective drainage, or to other organic poisons, or, in other words, to the excrementitious matters thrown off by the excretions of the human body; the refuse, whether solid or liquid, which is always accumulating in inhabited places.

In isolated places, such as the Doctor speaks of, beside "pure streams and bubbling springs," these excreta are almost invariably allowed to accumulate close to dwellings, and escape into the soil around, so that it becomes saturated, and, in many cases, finds its way into springs and wells.

Liebermeister says that the prevalence of typhoid fever in any place, depends largely

upon the extent to which its inhabitants drink the contents of their privies and sewers.

I, too, have seen this disease prevailing in mountain districts, but I have rarely seen a case in which I could not, with extreme probability, point out the source of the disease.

I accept, in toto, the doctrine that no amount of organic filth can *originate* the disease, but that the *germ* of the disease must be deposited before it can be developed; and that when deposited in situations favorable for such development, among which human excreta are most favorable, a vast propagation may follow.

As regards the infectious nature of fresh fever stools, I hold, with Liebermeister, that they are capable of producing the disease; but that, when a certain indefinite period has elapsed, they then become prime factors of the disease.

I believe that these views have a force which no mere theories can possess, for they are sustained by a greater number of facts, collated from all parts of the globe, than any other views yet proposed. GEO. B. FUNDENBERG, M. D.

Cumberland, Maryland.

Shoe Thread as a Ligature.

ED. MED. AND SURG. REPORTER:—

Sometimes, by force of circumstances or accident, we stumble upon an idea or discovery, which, although apparently insignificant in itself, yet, under certain circumstances, acts with the happiest effect.

Dr. Love, of Winchester, and myself, strangulated a large uterine polypus, the subject being a lady aged about 45 years, and for the want of something better, as we thought, used a cord made of shoe thread. The fibres of the flax, by absorbing the moisture of the vagina, contracted, thereby acting as a sure écraseur, without the possibility of any hemorrhage at all. The polypus came away in 31 hours.

L. M. SENCINDIVER, M. D.

Darkesville, West Virginia.

NEWS AND MISCELLANY.

Social Science Association.

A conference of the American Social Science Association was held in this city last week.

The Training of Nurses was treated of in a paper by Dr. J. H. Packard, to which we shall refer on a future occasion.

Dr. Edw. C. Mann, Medical Superintendent of the State Emigrant Asylum, of New York, read a paper on "State medicine in its relations to intemperance and the inebriate," contending that more efficient and wise legislation was necessary to prevent that widespread and universal disease of intemperance, and this could be best accomplished through the Legislature, by their directing their wisdom and intelligence in the channels by which a knowledge of sanitary and hygienic laws, and the penalties consequent upon their violation, would be diffused among the masses. Public sentiment must be enlightened and changed before prohibitory laws and statutes will avail. The speaker then referred to the prevalence of intemperance as being governed by a cosmic law, which consists essentially in the fact that the tendency to intemperance increases and its effects on man become more disastrous, as we go from the equator, where intemperance is comparatively rare, towards the northern regions of the globe, where it is both very prevalent and in its effects violent. Reviewing the habits and tendencies of some of the foreign countries in this respect, he said that the greatest amount of disease and crime resulting from intemperance was shown to have occurred in those countries where the climate and the nervous temperament of the inhabitants render the effect of indulgence in alcoholic stimulants especially hurtful to the brain and nervous system. In combating the manifold evils of intemperance, we need to educate the public up to the idea that alcohol, instead of being a tonic or restorative to the system, is a narcotic—irritant poison: that it has no analogue in the human system, and that its use will inevitably result in the impairment of the mental and physical health, not only of the individual himself, but of his offspring. Enlarging upon the expensiveness to the State in a loss of productive power, and the maintenance of inebriate asylums, the speaker urged that the Legislature should appreciate the fact that the use of alcohol is a form of suicide, and must legislate in that direction. He suggested that in any law upon the subject the requirement be made imperative upon the next of kin and heirs at law, and those upon whom, in case of death, the duties of administration devolve, to invoke the power of the law in all cases of inebriety, so that remedial restraint may be applied to the patient's uncontrolled actions, which are alike detrimental to himself and to those about him.

Association of American Medical Editors.

This Association met at the Continental Hotel on the evening of June 5th. The attendance was large. The president, E. N. Bell, called the Association to order and delivered his annual address. The subject of his discourse was "The Relation of Medical Editors to the Medical Profession in the United States."

At the close of the address a discussion was entered into in the interest of reform in medical schools. Dr. Parvin, of Indianapolis, offered a resolution expressive of approval of the preliminary course and the graded course of three years, with the stated examinations, as carried out in some of the colleges, which was adopted.

The following officers were elected for the ensuing year: President, H. C. Wood, M. D.; Vice-president, Professor Byford, of Chicago; Permanent Secretary, Frank H. Davis, M. D., of Chicago. Adjourned.

Association of American Medical Teachers.

This body met on June 2d and 3d, in this city. A large amount of business was transacted. The details will be given in an early number of the REPORTER.

Personal.

—Dr. Joseph Carson, who filled the chair of Materia Medica in the Medical Department of the University of Pennsylvania, has been compelled to relinquish it, after a service of forty years, on account of ill-health.

—Dr. Samuel Johnson, a late graduate of Jefferson College, Philadelphia, is in charge, as *Chef de Clinique*, in the throat department of one of the London Medical Colleges, and assistant to the celebrated Dr. Mackinzie.

—In the department of Instruments of Medicine and Surgery, in the Centennial Exhibition, Dr. C. B. White has been appointed chairman of the Judges of Awards, Dr. J. H. Thompson, Secretary.

—Louis Victor Armstead Henry, born March 10, 1767, at Cherbourg, France, and a veteran of the First Napoleon's army, and 65 years a resident of this country, is in this city, attending the Centennial.

—Dr. Samuel Johnson died on Monday night, aged eighty-five. He was not the distinguished lexicographer, but the oldest physician in Salem, Massachusetts.

—Dr. W. A. Hardaway has resigned the editorship of the St. Louis *Clinical Record*. Dr. Wm. B. Hazard is his successor, who is favorably known as an accomplished writer.

Items.

—Yellow fever is epidemic at Rio de Janeiro, the deaths averaging 80 to 100 daily.

—The following specimen of English, pure and undefiled, is from the Liverpool *Times*: "A doctor was lately summoned to a cottage at Harwood, in Teasdale, and found a boy in need of his services. 'Put out your tongue,' said the doctor. The boy stared like an owl. "My good boy,' requested the medical man, 'let me see your tongue.' 'Talk English, doctor,' said the mother; and then, turning to her son, she said: 'Hoppen thy gobbler, and put out thy lolliker.' The boy rolled out his tongue in a moment."

QUERIES AND REPLIES.

Gelseminum Poisoning.

In answer to the inquiries of J. M. D., Dr. P. F. Whitehead, of Miss., writes that "whisky administered hypodermically will correct the toxic effects of an overdose of gelseminum."

Dr. E. C. Chapman, of Iowa, writes:—

In the REPORTER, for May 20th, I noticed an inquiry from J. M. D., of Pennsylvania, asking for the best treatment for the toxic effect of gelseminum when cases are seen too late to evacuate the stomach by the use of emetics. I have treated three cases, in each of which the toxic effect of this drug was fully established. My first case was that of a negro, aged thirty, and very robust, who had taken, through mistake, more than one ounce of the tincture gelseminum. In this case I arrived too late to use emetics. I immediately prepared a strong solution of ammonia carb., one drachm, to aqua, two ounces. Of this I gave one teaspoonful every hour. I also gave every two hours one-tenth grain sulph., strychniæ in one ounce of brandy, until he had taken four doses of the strychnia, when I suspended the strychnia, but continued to administer the ammonia and brandy until the toxic effect of the gelseminum was subdued. My other cases were treated in the same manner and by the same remedies.

"Is there such a thing as a *painless* cure for the opium habit? With this class of patients every attempt to throw off the drug throws them into such agony that they are forced to resume the habit."

M. D.

Slovenc.—Consultation with homœopathic physicians is discreditable to any scientific practitioner, and not less so to specialists in surgery than to others. Your neighbor's faults do not excuse yours.

Dr. C. B., of Miss., asks for information regarding the "mad-stone," popularly used in rabies. Is it wholly a superstition?

MARRIAGES.

EMMET—MONSON.—On Thursday, June 1st, at the Church of the Transfiguration, by Rev. Dr. G. H. Houghton, assisted by Rev. Arthur Brooks, Bache McEvers Emmet, M. D., and Annie Frances, daughter of the late Judge Levinus Monson.

LAIGHT—BALDWIN.—At Milton, Mass., on Thursday, May 25th, at the residence of George S. Cushing, Esq., by Rev. George S. Bennitt, Charles Laight, M. D., of this city, and Saran D., daughter of the late Edward Baldwin.

DEATHS.

BARTLES.—After a short illness, of pneumonia, on Jersey City Heights, May 19th, 1876, Marietta, wife of Dr. O. S. Bartles, aged 65 years, 7 months, and 18 days.

BURR.—On the 14th instant, Dr. Hudson S. Burr, in the 70th year of his age.

CHAMPION.—In Vincentown, on Tuesday, the 16th instant, Dr. Charles S. Champion, in the 34th year of his age.

COMSTOCK.—At Mount Kisco, N. Y., May 15th, after a lingering sickness, Dr. Albert Lee Comstock, in the 74th year of his age.

FITCH.—In New York City, May 15th, 1876, Catharine, daughter of the late Thomas Willock, of Norfolk, Va., and wife of S. S. Fitch, M. D.

LANGDON.—On Saturday, May 13th at 11.45 o'clock, P. M., Henry A. Langdon, M. D., aged 37 years.

NELSON.—In Boonville, New York, Tuesday, April 18th, Mrs. Mary L. Nelson, daughter of the late William Wheelock, and wife of Dr. William H. Nelson, of Taberg, New York, aged thirty-seven years and six months.

Mrs. Mary L. Nelson was the daughter of the late William Wheelock, a sister of Mrs. E. B. Austin, and the wife of Dr. William H. Nelson, of Taberg. She was gifted with many lovable traits of character, with the most refined tastes for the beautiful, the good and the true. She passed from earth without a fear, reposing implicitly upon the promise of the Saviour.

WOODHULL.—On the 14th ult., at his residence, Newark, N. J., Dr. Addison W. Woodhull.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1007.] PHILADELPHIA, JUNE 17, 1876. [Vol. XXXIV.—No. 25.

Original Department.

Lecture.

THE STAGES AND TREATMENT OF GONORRHŒA.

BY PROFESSOR FRANK F. MAURY, M. D.,
Of Philadelphia.

We have here four typical cases. Three of them are in the second stage, as I shall presently describe it, and the fourth has the third stage, or what is known as gleet.

The first stage of gonorrhœa makes its appearance after a varying time. In one of our cases it came on two or three days after his impure connection, in another four days after, and in the third six days after. There is a popular impression that if nine days pass safely, there is no danger; but I think this is an error. The incubation may be longer than this, although it is unusual.

When the first stage comes on, it is in the following way: The patient notices a tickling sensation in the head of his penis, just behind the meatus urinarius, which is rather pleasant than otherwise. The next day he observes a little puffiness; and the next, perhaps, that when he goes to urinate the meatus is frozen over, as it were, its lips glued together with a little tenacious mucus. Then follows the second stage, with well-developed gonorrhœal symptoms. When he wants to urinate, he assumes what he thinks a comfortable position; he lets the urine come slowly, and when it does it feels like passing a razor's edge along the urethra, or a lot of carpet tacks, causing much agony. There may not be quite so severe distress in every case, but in many there is, and in all there is some. Beside this, there is a general turgidity of the vessels of the penis, with a hyper-sensitive condition, so that upon the slightest excitement the penis becomes erect or semi-erect, with pain accompanying. Often, in bed, the warmth causes the organ to be filled with blood, and the man awakes to find it stiff and aching. This sort of erection is not usually perfect and natural; it is partial, and the penis is not straight, but bent downward, to one side. It is called chordee.

When this comes on, the man will be apt to do one of two or three things. He will tuck his penis back between his legs; then, when he lets go, it emerges, and he pushes it back again; and so on, over and over. One of these men grins as I say this, and I will venture to ask what he does, to which he replies that he tucks his penis between his legs. I never asked him before, and had no means of knowing it was so in his case, but my observation has taught me. Another man will run and lay his penis on a cold slab of stone, or place it into a basin of cold water. You may think these are queer descriptions; but they are facts, and I tell them in this way so that you will remember them. They may seem laughable, but it is no laughing matter to the man who has chordee.

With these conditions, there is a creamy, purulent discharge from the urethra. After this follows the third stage, or the stage of decline, in which all the symptoms lose their acuteness; the chordee diminishes and disappears, and the discharge becomes less and assumes a milky or lactescent appearance, and finally disappears altogether.

Now as to treatment. I do not commend the old abortive method, in which powerful

astringent or cauterant injections were practiced. It used to cause strictures, and has been justly abandoned.

In the first place you must attend to matters of common sense. The patient must make up his mind to treatment for three or four weeks, and should be warned that the trouble may resist for a much longer time. If it becomes gleet, it will be extremely troublesome, to you as well as the patient. I would rather see any surgical case come to my office than see a man with gleet come and pull my door-bell.

But to speak of treatment. There must be total abstinence from women; no sexual excitement whatever. The man must avoid everything which suggests thoughts of indulgence. If he be young and has a sweetheart, he must not go to see her, but must stay away. A married man should not sleep with his wife, for her sake as well as for his own. He should avoid hot baths. These may excite the urethra and increase the discharge. Excitement acts very powerfully upon the urethra, and has been sufficient to cause urethritis. Ricord tells of a case of a French doctor, whose lust was excited toward a certain woman; but he never had connection with her. One day he occupied a room with her at a hotel, and though he did not have intercourse, his excitement was so intense that in a few days he had an inflammation of the urethra, with a discharge precisely like that of gonorrhœa. In like manner, I am inclined to believe that a very hot bath might even cause a urethritis, and that it would certainly aggravate an existing one.

You will be apt to find that men who get gonorrhœa are men who drink. This must be stopped. Yet there will be some who will tell you they cannot stop altogether without attracting too much attention. These you may allow to drink claret and Bordeaux, light wines; but no brandy, or champagne, or Rhine wines, or acids, or malt liquors. Their diet must be light; highly-seasoned meats and condiments must be avoided. Nothing which is a stimulating diuretic should be taken. In the spring, caution your patients against eating asparagus, because it acts upon the kidneys. Let the diet be largely vegetable; and of meats, choose fowl and fish. Let large quantities of demulcent drinks be used.

Locally, you cannot adopt a routine treatment. I cannot give you any prescription to be used in every case; you must be guided by circumstances. But I will give you some formulæ which may be used at your discretion.

You can use a mixture containing vegetable and mineral astringents, say:—

℞.	Tinct. matico,		
	Tinct. catechu,	āā	fl.℥j
	Ext. opii aquos,		gr.xvj
	Plumbi acetat,		gr.x–xij
	Glycerinæ,		fl.℥iv
	Aquæ rosæ,		fl.℥vss. M.

You may substitute for the acetate of lead sixteen grains of sulphate of zinc, or of the biborate of zinc, which has recently been used with much success.

There is another form of injection, which acts by making a coating for the inflamed membrane. It consists of bismuth held in suspension, which, when injected, gives a mechanical protection.

℞.	Bismuth subnitratis,		℥ij
	Glycerinæ		fl.℥iv
	Aquæ rosæ,		fl.℥vss. M.

Sig.—Shake well when used.

One thing you should never neglect; that is, to instruct your patient how to use the injection. Let him first empty his bladder, then stand over a chamber, retract his foreskin, and hold his penis, with his thumb on one side and his finger on the other, so as to close the meatus against the nozzle of the syringe, never holding above and below, for that spreads the meatus. Then let him inject about a fluid drachm, slowly and deliberately. There is no danger of forcing the injection into the bladder, and no pains need be taken to prevent it. After the injection is in, let it be gently worked backward and forward along the urethra, to distribute it nicely, and retained for a few minutes. Then let it come away, as much as will flow off readily.

The nozzle of the syringe should not be longer than about three-eighths of an inch, because often the trouble is close to the orifice of the urethra, and a longer nozzle would prevent the injections coming well in contact with it.

This application is best made in the morning, after the daily stool, again about noon, and again about 5 or 6 o'clock; not just before bedtime, as is sometimes recommended. The manipulations tend to increase the disposition to chordee, and should not be made just before going to bed. Three or four times in the twenty-four hours is often enough for its employment.

I would suggest the internal use of oil of yellow sandalwood (*Santalum myrtifolium*), in doses of 15 to 18 drops, which, three or four times a day, can be given in capsules, or on a lump of loaf-sugar. This remedy may cause some vertigo, so you should warn your patients not to be alarmed at such an effect. It does not act disagreeably upon the digestive organs, as copaiva often does.

If you wish to use copaiva, you may write:—

℞. Tinct. sanguinariæ,
Tinct. kino,
Balsami copaivæ,
Spirits ætheris nitrosi, āā fl.℥j
Ol. gaultheriæ, fl.℥j. M.

Sig.—A teaspoonful every four hours. With these use large diluent drinks.

In gleet, you must increase the strength of your injections. You may use sulphate of copper or permanganate of potash, two to four grains to the ounce of water. You may give internally ten to fifteen drops of Venice turpentine, in globules.

Communications.

CUPPING AND ICE IN ACUTE GASTRITIS.

BY S. B. CHASE, M. D.,
Of Osage, Iowa.

Returning home Monday evening, March 27, 1876, badly chilled from an extensive ride into the country, I ate a hearty supper, and went out to visit some patients in the city. Although I began to feel distress directly after eating, I was able to very nearly complete my calls before I was compelled to return, at 11 P. M. Being greatly fatigued, I retired, and immediately fell asleep, to awake in an hour with a terrible gastric pain in the splenic portion of the stomach.

In half an hour I began to vomit its sour and acrid contents. I took an alkali and some lactopeptine, which neutralized the acidity, but did not check the vomiting or relieve the pain. This continuing to increase, I applied sinapisms freely over the epigastrium, and began the use of morph. sulph., with small doses of submur. hyd., dry, on the tongue. The vomiting partially abated, but the pain continued, compelling the free use of anodynes.

Active counter-irritation was constantly maintained, and opium taken in large doses, with such a mitigation of the symptoms as gave a confident hope of relieving the congestion; yet, in defiance of the most energetic contra-efforts, it passed rapidly into inflammation. The usual treatment was employed, and vigorous exertions were made to allay the early-developed heat. As the stomach had rejected everything, an unsuccessful attempt was made to alleviate by cold externally.

Thus the conflict raged until the next Monday, when the indications, to me, were that the struggle was most over, unless I could get immediate relief. The heat was so intense that small pieces of ice would be ejected with great force the instant swallowed, the water melted from them following in foam.

At this stage, Dr. Whitley, in whose care I was, summoned Dr. Blackman, of West Mitchell, in consultation, who decided, as had Dr. Whitley, that the only hope was *to force ice into my stomach, and compel its retention*

Dr. Blackman then prepared large cups, so that, when ignited, a volume of flame streamed from them two to three feet. Then, like Pyrrhus in the palace of Priam, with a whirl he brought them down upon my swollen stomach. For an instant it almost seemed as though soul and body would separate, so great was the soreness, both external and internal; yet each application gave relief. Although accustomed to using cups, and seeing them used by others, I never before realized their wondrous power.

After thus applying a number of them, they began to feed me with finely-shaven ice, literally gorging me, as our good grand-dames do turkeys for Christmas fattening. The desire to vomit seemed irresistible, yet to do so appeared impossible. The cupping and ice diet were continued an hour, changing the cups every ten to fifteen minutes, until my entire gastric region looked as though it had been the focus of a battering-ram.

At the close of the first half-hour all inclination to vomit ceased. In three quarters my stomach appeared saturated, and the melted ice began to trickle through the pylorus. An almost incredible amount of ice was taken during the following five days and nights, my stomach craving and tolerating it. Near the close of the fifth day, I commenced to take water with the ice.

Saturday morning I was so greatly relieved that I thought the danger passed, when, without premonition, I sank suddenly into a cold

sweat, which continued until Monday morning, very nearly taking what vitality remained. Although so grievous to endure, this had "a silver lining," as the heat and pain, which had continued "an abiding affliction," gradually passed away with the sweating.

Tuesday the mucous membrane began to slough in my mouth, and extending into my stomach, appeared to slough deeply there, occasioning an intense, burning, stinging pain, which continued until Saturday. The ice had probably something to do with this. My mouth was terribly burned, my tongue deeply fissured, and the week a very distressing one. The following was more comfortable; but on Monday of the fifth week I was somewhat startled by strong indications of gastric ulceration and gangrene. This yielded to carbo ligni.

The last week was much like the preceding, my tongue giving me the most discomfort; but little heat and pain remained in my stomach, as I did not vex it with anything, ice water being all I attempted to take. On the thirty-fifth day I made the first successful attempt to take nourishment, every previous endeavor having given distress, the stomach not even tolerating gum-acacia water, or that of ulmi cort.

A nourishing enema was given me the second week; but as it created nausea, it was not repeated, my continuing strength rendering it unnecessary. During the entire five weeks I did not take as much nutriment as one-third of a cup of milk would furnish, and this to my detriment. On the thirty-fourth day I felt the first symptoms of exhaustion. I think my vital energy would have supported me another week, yet I was very glad not to be compelled to try it.

While I would have preferred to study the symptoms and treatment of this distressing and dangerous disease under other circumstances, yet to watch its progress and note its changes afforded me an interesting theme for reflection. After the second week I took little medicine. Circulation moderate most of the time, attributable doubtless to the nausea. Respiration rapid, necessitating a continued low temperature. I do not find this disease very satisfactorily treated in medical works. Dr. Flint's is the best.

I have now been "on my food" three weeks, and, contrary to my expectation, my stomach does duty well. I can, with caution, take toast and very nearly raw beef with satisfaction and impunity. Although anæmic, and feet and limbs much swollen, the present indications are that my "life's labor" is not yet done, though the outlook is a slow recovery. I regret that I shall be unable to attend the meeting of the American Medical Association. I had looked forward to this with strong desire and joyous expectation. I trust you will have the best session in its history, which will be wishing you great success.

It has not been my purpose to give a detailed history of this case, as it would be incompatible with an article like this. My object has been to call attention to cupping and ice in its treatment, as to these, under Providence, I owe my life. I cannot close this imperfect sketch without making grateful mention of Dr. Whitley, whose care was unremitting day and night during my long and painful sickness; of Dr. Blackman, to whom I am indebted more than words can express; of Dr. Moore, of this city, and Dr. Smith, of Charles City, for valuable services cheerfully rendered.

Medical Societies.

AMERICAN MEDICAL ASSOCIATION.

On Tuesday, June 6, 1876, Dr. W. K. Bowling, of Tennessee, Retiring President, called the Association to order, at 11 A. M., and introduced Dr. J. Marion Sims, President elect.

Vice-presidents Dr. S. Lilly, N. J.; E. D. Seelye, Ala.; N. Pinkney, U. S. N., were at their posts.

The session was opened with prayer by Rev. E. R. Beadle, D. D., of Philadelphia.

Dr. Wm. Pepper, Chairman, on behalf of the Committee of Arrangements, welcomed the delegates and announced the programme for the meetings.

He offered, as Members by Invitation, Dr. Wywoodzoff, of St. Petersburg, Russia; W. Roth, Surgeon General of the German Army; Assistant Surgeons, H. Heymann, and Max Brille; Surgeon General J. K. Barnes, of the U. S. Army, and D. Saffray, of Paris, France.

On motion, the reading of the roll was dispensed with, and all on the roll were accepted as properly accredited.

He reported several disputed cases, which were referred to the Judicial Council.

The Permanent Secretary read a letter from Dr. W. O. Baldwin, of Ala., regretting his inability to be present.

Vice-President Dr. S. Lilly having taken the chair, the President then delivered the Annual Address.

On motion of Dr. W. Brodie, of Michigan, the thanks of the Association were tendered to the President for his address, and it was referred to the Committee of Publication.

Several volunteer papers were offered and appropriately referred.

On motion of Dr. Toner, the Address in Surgery was made the special order for Wednesday, at 10 A. M; the Address in State Medicine for 12, and that on Obstetrics for 10, on Thursday.

The list of Committees was called, and as they reported they were referred to the appropriate Sections.

On motion of Dr. Busey, D. C., the States were requested to select their members of the Committee on Nominations, and report them at 9½ on Wednesday. Adjourned.

WEDNESDAY, JUNE 7TH.

The President called the session to order at 9½ A. M.

The Permanent Secretary called the roll of States, and the names of the members of the Committee on Nominations were reported.

On motion of Dr. Keller, it was agreed to erect a platform in front of the present one, as the speakers could not be heard.

The Secretary read a report from the Judicial Council, as follows:—

The Judicial Council have decided that the delegates from the Arkansas State Medical Society, or the New Society, be admitted as the proper representation from that State.

Dr. R. C. Kedzie, Michigan, read the address on State Medicine and Public Hygiene. His subject was "Natural Purifiers." It was referred to the Committee of Publication.

On motion of Dr. Jones, of Ohio, the resolution attached was adopted.

Resolved, That it is the first duty of States and municipalities, first in importance, and first in the order of time, to make a sanitary survey of the water supply, to preserve it against all unnecessary and avoidable contamination. 2. That no municipality should introduce a water system without at the same time providing a corresponding and coextensive sewer system.

On motion, Drs. W. Hiorth and H. C. Holst, of Norway, were elected members by invitation.

Dr. A. Garcelon, of Maine, delivered the address in Surgery. Referred to Committee of Publication.

The report of Dr. E. Seguin was read, and the accompanying resolution adopted, as follows:—

Dr. Edward Seguin, in the name of the previous commission, reports:—

Since several years, the American Medical Association has given its support to a measure of great interest for those who have at heart the advance of physics, namely:—*The establishment of uniform means of observation, and of medical records, for the physicians of all countries.*

This action of the American Medical Association has been expressed by the adoption of successive resolutions, and by the sending of delegates charged with the mission of advocating this reform:—

In 1873. To the British Medical Association, meeting in London; and to the French Association for the Advancement of the Sciences, meeting at Lyons.

In 1874. To the British Medical Association, meeting at Norwich; and to the French Association for the Advancement of the Sciences, meeting at Lille.

In 1875. To the International Medical Congress, meeting at Bruxelles.

In 1876 (next September), the same Congress will meet in this very place; and now the American Medical Association is called to decide what position it will assume in this matter.

Will it recede from its former position, and leave the task to second-hand promoters; or will it continue its initiative before the International Council?

This is not only a question of pride for the Association; it is also one of justice to the American physicians at large. If the constitution and by-laws of this Association prescribe an annual transfer of its meetings from one part to another of this vast country, it is to give us opportunities to study and express the wants of the whole profession. Of these wants, none has been found more deeply felt than the one of partaking, as givers and receivers, in the discoveries of our art. But this want is not ours alone; it is universal; and the American Medical Association will deserve the thanks of all for having planned and carried into execution the most important instrument of internationalization in medical progress.

Therefore, it is hoped that the Association will charge its delegates of former years to continue to advocate the uniformity of means of observation before the various Medical Societies, and particularly at the next International Medical Congress, and report next year what success they will have met.

Resolved, that this Association charges its delegates to advocate the uniformity of means of observation as hitherto, and especially at the International Medical Congress to be held in Philadelphia, September 1876.

On motion of Dr. Atkinson, Drs. Seguin and Bowditch were made members of the delegation to the Congress for that purpose.

Invitations from the Academy of Natural Sciences and the University of Pennsylvania were read, and thanks returned.

The Secretary read the resignation of Dr. F. G. Smith, from membership on the Committee of Publication, which was referred to the Committee on Nominations.

The report of the committee on a paper entitled Excision of the Joints was read, as follows:—

PHILADELPHIA, May 20th, 1875.

To the American Medical Association:—

Your Committee, appointed at the last session of the Association, to examine and report upon an essay entitled "Upon Excision of the Larger Joints of the Extremities," bearing the motto, "*Labor omnia vincit*," begs leave to report that it has thoroughly examined the same.

The committee finds in the essay carefully prepared statistical tables of three thousand eight hundred and ninety-eight cases of excisions of joints. Anatomical details and special surgical considerations connected with the several joints in question are included in the article, together with a full bibliography.

Upon opening the sealed envelope which accompanied the essay, the name of its author was found to be Dr. H. Culbertson, of Zanesville, Ohio.

Your committee decided that the essay was in every way worthy of the prize offered by the Association.

While venturing to express its own opinion that the article is too bulky for insertion in the Transactions of the Association, the committee would recommend that the article be referred to the Publication Committee, and asks for its own discharge.

SAMUEL ASHHURST.
S. D. GROSS.
D. HAYES AGNEW.

On motion of Dr. Sayre, the report was adopted, and the paper referred to the Committee of Publication.

The Committee on Prize Essays reported as follows:—

PHILADELPHIA, May 20th, 1876.

To the President of the American Medical Association.

DEAR SIR.—The undersigned, a committee appointed at the last meeting of the Association, to report on prize essays, have the honor to state that only two essays have been handed in, entitled, respectively, "Explorations in Physiology," and "Experimental Therapeutics," and that, in their opinion, neither of them is worthy of the reward.

S. D. GROSS, *Chairman.*
ALFRED STILLÉ.
ELLERSLIE WALLACE.
HORATIO C. WOOD, Jr.
FRANCIS GURNEY SMITH.

The report was accepted.

On motion of Dr. Thompson, the Committee of Publication were instructed to publish the Transactions in several volumes, if necessary.

A communication was read from the American Pharmaceutical Association:—

At a meeting of the American Pharmaceutical Association, held in Boston September 9th, 1875, a committee, whose names are annexed, was appointed to confer with the American Medical Association, and to suggest to that body the advantage which would result from selecting a list of dangerously active medical preparations, noting their maximum doses and the maximum quantity which may be administered safely during twenty-four hours, and which quantity ought not be exceeded in prescriptions, without the addition of some caution mark, previously agreed upon, by the physician. In case a prescription is presented to be compounded with articles ordered in quantities exceeding these maximum doses thus laid down, and without the caution marks annexed, the pharmacist should return the prescription to the physician, in order that the requisite caution mark or marks should be added.

It is believed by us that this observance would often prove of practical value, not alone to the physician and pharmacist, but also to the patient. It is intended by no means to indicate in any way the limit to which the medical attendant may prescribe any remedial agent, however powerful. Yet, as pharmacists, we must confess that very often we would feel greatly relieved if excessive or unusual doses of potent medicines were marked in some definite way by the prescriber, to show that they were thus intended to be administered. For the double purpose, then, of guarding in some degree the safety of the patient, and at the same time relieving the pharmacist from an unpleasant responsibility, we earnestly request the American Medical Association, in any way it may judge most expedient, to submit this subject to the careful consideration and action of their body; for we believe it belongs to the medical profession, rather than to the pharmacist, so to act.

You may be aware that in some European countries a list, as here suggested, is framed by legal enactment, and published by authority, and appended to the pharmacopœia, becoming thus obligatory on every pharmacist. We believe the same action might be carried into effect in this country under the authority of the medical and pharmaceutical societies.

W. H. PILE, Philadelphia,
LOUIS DOHME, Baltimore,
CHAS. L. EBERLE, Philadelphia, } *Committee.*

On motion of Dr. Atkinson, it was referred to a committee, consisting of Drs. Stillé, Biddle and Rogers.

On motion of Dr. S. D. Gross, it was

Resolved, That those medical gentlemen present at this meeting, who were permanent members, but are now excluded from membership simply on account of being in arrears, be reinstated to membership, if full payment be made at once of all dues.

The reports of the Treasurer, showing a balance in the treasury of over $7000, and of the Committee of Publication, were read and accepted.

The report of the Librarian, showing continued increase in the library, and with the following resolutions attached, was received, and the resolutions adopted:—

Resolved, That the Librarian be furnished yearly with one hundred copies of the volume of Transactions, for exchange with foreign medical and scientific societies and prominent foreign medical journals.

Resolved, That as complete a set as practicable of the Transactions be furnished to the Inspector General of Customs, Shanghai, China, and to the Académie Royale de Médecine de Belgique; and further, that, if practicable, vols. 4, 14, 15, 16, 17, 18, 19, 20, 21 and 22 of the

Transactions be furnished to the Royal Medical and Chirurgical Society of London.

The bill of the Librarian, $8.55, was ordered paid.

Dr. Barr was made a member by invitation.

An invitation to visit their building was received from the College of Pharmacy, and accepted.

A memoriam of Dr. Logan, of California, was read, and ordered to be entered on the minutes.

Dr. H. T. Rennolds, of Md., offered a resolution that five thousand copies of that part of the President's address referring to syphilis be printed for general distribution.

Dr. Quimby, of N. J., offered an amendment, which was accepted by Dr. Rennolds, that ten thousand copies be sent to the Secretary of each district or county association, to be distributed among the clergy and other educated members of the community.

Dr. Ohr, of Md., offered, to amend, that they be sent by the permanent Secretary, to the members of this Association, with the request that they distribute them. After some discussion the amendment was adopted, and the resolution as amended was adopted.

The delegates to Brussels reported as fol lows:—

Mr. President and Gentlemen of the American Medical Association.

SIRS—At the last meeting of your honorable body, held at Louisville, Ky., May 4 to 7 inclusive, 1875, the following resolution, offered by Dr Edward Seguin, of New York, was adopted, viz:—

"Therefore, the American Medical Association resolve to nominate new delegates, commissioned to again advocate in Europe the unity of clinical observation, and charge them to report progress, in brief, at the meeting of 1876."

In accordance therewith, the following gentlemen were commissioned as such delegates, namely:—

Drs. H. D. Holton, of Vermont; A. E. M. Purdy, H. B. Sands, John Draper, J. C. Hutchison, E. C. Harwood, of New York; H. R. Storer, and L. F. Warner, of Massachusetts; E. T. Easley, of Texas; J. A. Adrain, of Indiana; and John Morris, of Maryland.

Arriving at Brussels, Belgium, the American delegation was found to consist of only two members, Drs. J. A. Adrain, of Indiana, and E. C. Harwood, of New York. They felt great regret at not finding a larger number present.

They were received with distinguished consideration and marked courtesy by the International Medical Congress, there convened, on the 19th day of September; and as soon as their presence was officially announced to that body, they were enthusiastically and unanimously made Honorary Presidents.

Feeling the responsibility which devolved upon them, as the only representatives present from the American Medical Association, they at once proceeded to forward the measures which they had been appointed to advocate. They are not at the present time able to present the result of their efforts, owing to the fact that the transactions of the International Medical Congress have not yet reached this country. The serious illness of the Secretary-General, M. Warlomont, has also delayed that publication several months. They can, therefore, merely report progress. However, from conversations held with various distinguished gentlemen present on the occasion, they feel quite fully warranted in saying that their propositions in your behalf would be very favorably entertained.

Your delegates wish to express the great pleasure and gratification which they experienced in the manner of their reception by the Congress, by the City of Brussels—having been made its guests—and by his Majesty, the King of Belgium, at the royal palace.

They desire also to acknowledge courtesies from Drs. Edward Seguin, of New York; Henry Collignon, of Brussels; and Alexander Ogiston, Surgeon to the Aberdeen Royal Infirmary, Scotland.

They have referred to the fact that, owing to the illness of the Secretary General of the International Congress, the publication of its Transactions, *in extenso*, has been delayed several months.

They are happy to say that they were fortunate enough to secure and bring with them an official copy of the minutes of the Congress, published in a small pamphlet in the French language. From this document, through the courtesy of Dr. George W. Wells, of New York City, a translation of the essential points of what transpired has been made and compiled, under the title "Brief Résumé of the Proceedings of the International Medical Congress at Brussels, 1875," etc., a copy of which is herewith submitted as a portion of this report.

To the English reading portion of our profession this Résumé will be found of special interest; but the French reading physician is referred to the full "Transactions," which may be obtained from the Secretary General at a cost in gold of about the same as our own Transtions.

All of which is respectfully submitted in behalf of the American Delegation to the International Medical Congress, Brussels.

EDWARD C. HARWOOD, M. D., of New York,
Chairman.

New York City, June 6th, 1876.

The report was accepted and referred to the Committee of Publication.

On motion of Dr. Toner, an obituary of Dr. Armsby was ordered to be read. The Permanent Secretary read a part, when it was referred to the Committee of Publication.

On motion, the Association adjourned, until Thursday at 9½ o'clock A. M.

THURSDAY'S SESSION.

Adjourned to the Alhambra, by reason of want of power to hear in the Horticultural Hall.

On motion of Dr. Keller, the acceptance of the roll of members was reconsidered.

The Secretary then called the roll in part.

At 10 o'clock Dr. Busey delivered the address in Obstetrics.

On motion of Dr. J. L. Atlee, it was referred to the Committee of Publication, and to the Section, for discussion.

Dr. Murdoch, of Pennsylvania, moved to dispense with the further call of the roll, and that it be referred to a committee, Dr. Toner Chairman, for examination.

On motion of Dr. Toner, this was laid on the table.

The Secretary continued to call the roll.

Dr. Frothingham objected to all from the State Medical Society of Michigan, and asked that they be referred to the Judicial Council.

The Secretary, at this point, read a partial report of the Judicial Council :—

The Judicial Council have decided that the delegates from the Michigan State Society be admitted as delegates to the American Medical Association. S. N. Benham, *Secretary.*

As the name of Dr. Sarah Hackett Stevenson was called, Dr. Brodie moved that the names of all female delegates be referred to the Judicial Council. This was, on motion, laid on the table.

With the few exceptions of the names of those not now permanent members, and those registering as delegates from hospitals and bodies not entitled to representation, on motion of Dr. Toner, the roll as called was then confirmed.

On motion of Dr. Holton, of Vermont, the Secretary was directed, at future meetings, to print each day the names as enrolled.

Dr. Reese, of New York, offered a resolution on patents, which, on motion of Dr. Jones, of Ohio, was referred to the Judicial Council.

Dr. Hunt, of New Jersey :—

Resolved, That the Judicial Council, consider that portion of the President's Address which relates to ethics, and report next year if alterations are needed.

Dr. Reese :—

Resolved, That a committee be appointed by the Chair, to consider upon and propose such revision of the Code of Ethics of this Association as they may deem practicable, and report at the meeting of the Association next year.

On motion of Dr. Busey, it was laid on the table.

The address of Dr. E. L. Howard being in order, he was not well enough to respond.

Dr. Keller read the report from the McDowell Memorial Fund :—

REPORT FROM TRUSTEES OF M'DOWELL ESSAY FUND.

Total amount of subscriptions received to date	$494.00
Amount of Expenditures	340.00
Amount in hands of Treasurer	$154.00

* * * * * * * *

Resolved, That, until the sum of ten thousand dollars be raised, the annual fee of membership be increased from five dollars to six dollars, and that this increase of one dollar be set aside to create the fund.

On motion of Dr. Toner, the report was accepted.

Dr. Busey objected to the change in the dues.

Dr. Waterman, of Ind., moved to appoint a committee of seven to take up a collection at once.

On motion of Dr. J. L. Atlee, it was laid on the table.

Dr. Toner moved to appropriate $1000 from the treasury.

Dr. Howard rose to a point of order, that such matters could be considered only on the first and fourth days.

On motion of Dr. Raymond, Dr. Toner's resolution was laid on the table till to-morrow.

Dr. Woodward urged that the regular order of business be resumed.

Announcements were made of papers in the sections.

Dr. Henry A. Martin, of Mass., offered the following :—

Resolved, That the subject of bovine or animal vaccination is one demanding serious investigation from this Association, that approval and endorsement may be given to it if considered worthy; condemnation if it shall be considered, as compared with the usual or "arm to arm" method, unworthy of such approval; therefore,

Resolved. That a Committee on Animal Vaccination be formed, to consist of a chairman and two associates to be selected by him, which shall report upon the whole subject of animal vaccination at the next meeting of this Association.

On motion, the President was directed to appoint the committee entire

Dr. H. W. Jones, of Chicago, Ill., was appointed a delegate to foreign medical societies.

On motion adjourned till Friday at 9½ A. M.

Friday, June 9.

The Association met again at the Hall, the Alhambra being occupied.

A charge, by Dr. E. Richardson, against the Illinois State Medical Society, was presented and referred to the Council.

On motion of Dr. Toner, it was

Resolved, That members of the medical profession who in any way aid or abet the graduation of medical students in irregular or exclusive systems of medicine, are deemed thereby to violate the spirit of the ethics of the American Medical Association.

Dr. Atkinson presented the following :—

To the American Medical Association :

In obedience to the resolution adopted at the session of 1875 (p. 50 of Minutes), I have to report that, in reply to my inquiries, I am informed that Boards of Health now exist in Alabama, California, Georgia, Massachusetts, Michigan, Minnesota, Virginia and Wisconsin, but eight States in all.

The Secretaries of the several State Societies have been applied to for the proper information, and in many instances they have informed your committee that their State body is urging the matter upon their State Legislature.

I have written to the Governors of Delaware, Indiana, Iowa, Nebraska, New Jersey, New York, South Carolina, Texas and Vermont, with almost negative results. The present year is too full of excitement over the Centennial, the approaching Presidential election, and the like, to yield much fruit in a matter so unselfish as the one in hand.

The boards of all the States named are constantly proving the great importance of such bodies, except that of Virginia, which seems crippled for want of sufficient funds to do what is necessary.

With the hope of a better showing in my next report, I am, very respectfully,

WM. B. ATKINSON.

A note of regret from Dr. P. F. Eve was read and entered.

On motion of Dr. H. C. Wood, of Pennsylvania, it was

Resolved, That a committee be appointed by the Chair to solicit from Congress an appropriation for the publication of the subject catalogue of the National Library, and that the State Societies are requested to take such action as may be deemed fit to further said object.

Committee, Drs. H. C. Wood, Toner, and Chadwick.

The Secretary read the following:—

WAR DEPARTMENT,
OFFICE OF MEDICAL STATISTICS,
WASHINGTON, D. C., June 5th, 1876.

J. Marion Sims, M.D., President American Medical Association.

DEAR DOCTOR:—I have the honor to transmit herewith a copy of the Medical Statistics of the Provost Marshal General's Bureau, for presentation to the American Medical Association at its present meeting in Philadelphia.

Very truly yours, J. H. BAXTER, M. D.,
Chief Medical Purveyor U. S. Army, Permanent member American Medical Association.

It was received with thanks.

Dr. Frothingham offered a communication, which was referred to the Council.

The Nominating Committee reported as follows:—

REPORT OF COMMITTEE ON NOMINATIONS.

The Committee on Nominations respectfully report the following gentlemen for the various offices named:—

President– H. I. Bowditch, of Massachusetts.

Vice Presidents—N. J. Pittman, of North Carolina; Franklin Staples, of Minnesota; Joseph R. Smith, of U. S. Army; Samuel C. Busey, of District of Columbia.

Treasurer—Dr. Casper Wistar, of Pennsylvania.

Librarian—Dr. William Lee, of District of Columbia.

Committee on Library—Dr. Johnson Eliot, of District of Columbia.

Assistant Secretary—J. H. Hollister, of Illinois.

Committee of Arrangements—Drs. N. S. Davis, I. W. Freer, H. A. Johnson, T. D. Fitch, H. W. Jones, Joseph P. Ross, and Lester Curtis.

Committee of Publication—Dr. W. B. Atkinson, Chairman; Drs. T. M. Drysdale, Albert Fricke, Samuel D. Gross, Casper Wistar, Richard J. Dunglison, all of Pennsylvania, and William Lee, of District of Columbia.

Next place of Meeting—Chicago, Illinois.

Time of Meeting—First Tuesday in June, 1877.

The Committee also report the following nominations for Chairmen and Secretaries of sections for 1877:—

1. *Practice of Medicine, Materia Medica and Physiology.*—Dr. P. G. Robinson, of Missouri, Chairman, and B. A. Vaughan, of Mississippi, Secretary.

2. *Obstetrics and Diseases of Women and Children.*—Dr. James P. White, of New York, Chairman, and Robert Battey, of Georgia, Secretary.

3. *Surgery and Anatomy.*—Dr. D. Hayes Agnew, of Pennsylvania, Chairman, and Dr. Moses Gunn, of Illinois, Secretary.

4. *Medical Jurisprudence, Chemistry and Psychology.*—Dr. Eugene Grissom, of North Carolina, Chairman, and Dr. E. A. Hildreth, of West Virginia, Secretary.

5. *State Medicine and Public Hygiene.*—Dr. Ezra M. Hunt, of New Jersey, Chairman, and Dr. D. R. Wallace, of Texas, Secretary. Members: I. B. Gaston, of Alabama; D. A. Linthicum, of Arkansas; W. F. Cheney, of California; Chas. Denison, of Colorado; Chas. A. Lindsley, Conn.; Wm. Marshall, Delaware; F. Howard, D. C.; W. F. Westmoreland, Ga.; H. Johnson, Ill.; L. D. Waterman, Ind.; A. G. Field, Iowa; D. W. Stormont, Kansas; Samuel Brandeis, Ky.; S. M. Bemiss, La.; E. F. Sanger, Maine; Chas. H. Orr, Md.; H. I. Bowditch, Mass.; W. L. Lincoln, Minn.; I. M. Taylor, Miss.; F. G. Porter, Mo.; M. W. Russell, N. H.; Elisha Harris, N. Y.; H. L. Black, Ohio; Benj. Lee, Pa.; E. M. Snow, R. I.; R. A. Kinlock, S. C.; Thos. A. Atchison, Tenn.; T. J. Heard, Texas; J. L. Cabell, Va.; L. C. Butler, Vt.; John Frissell, W. Va.; H. P. Strong, Wisconsin; G. W. Betton, Fla.; Chas. J. O'Hagan, N. C.; Jno. S. Billings, U. S. A.; Jos. Wilson, U. S. N.; Michigan, H. O. Hitchcock.

Committee on Necrology.—Dr. S. C. Chew, of Maryland, Chairman, and L. C. Butler, of Vermont, Secretary. Members: Drs. John M. Barclay, of Alabama; Martin Baker, California; G. W. Russell, of Connecticut; R. G. Jennings, Arkansas; L. P. Bush, Delaware; W. W. Johnson, District of Columbia; E. J. Kirksey, Georgia; W. M. Chambers, Illinois; Wm. Lomax, Indiana; J. W. H. Baker, Iowa; L. P. Yandell, Sr., Kentucky; S. C. Gordon, Maine; A. Sager, Michigan; A. J. Steele, Missouri; John Blane, New Jersey; Gouverneur M. Smith, New York; George Mitchell, Ohio; W. C. Warriner, Oregon; Horatio C. Wood, Pennsylvania; Charles W. Parsons, Rhode Island; A. N.

Talley, South Carolina; B. W. Avent, Tenn; L. E. Locke, Texas; L. S. Joynes, Virginia; E. Burk Haywood, North Carolina; Darius Mason, Wisconsin; —— Fawcett, Vermont; P. F. Whitehead, Mississippi; C. B. Mottram, Kansas; Levi G. Hill, New Hampshire; Robert W. Hazlett, West Virginia; J. R. Bronson, Massachusetts; J. J. Woodward, U. S. Army; Joseph Wilson, U. S. Navy; A. W. Stinchfield, Minnesota.

Judicial Council.—Drs. N. S. Davis, of Illinois; E. L. Howard, of Maryland; W. O. Baldwin, of Alabama; H. W. Dean, New York; A. N. Talley, South Carolina; J. P. Logan, of Georgia; D. W. Stormont, of Kansas, in place of the seven whose terms expire at this meeting. The rest of the present Council continue.

Committee on Prize Essays.—Dr. N. S. Davis, Illinois, Chairman: Edmund Andrews, E. Ingalls, Moses Gunn, E. P. Cook, all of Ill.

Special Committee, on Influence of Climate on Pulmonary Diseases in Florida, Dr. E. T. Sabal, continued.

Delegates to the International Medical Congress, to be held September 4th, 1876, at Philadelphia.—Dr. H. I. Bowditch, of Massachusetts; E. Seguin, of New York; Thomas L. Madden, of Tennessee; J. S. Welford, of Virginia; A. Dunlap, of Ohio; John T. Hodgen, of Missouri; Joseph Carson, of Pennsylvania; John C. Dalton of New York; W. O. Baldwin, of Alabama; D. W. Yandell, of Kentucky; N. S. Davis, of Illinois; Austin Flint Sr., of New York; T. G. Richardson, of Louisiana; W. F. Westmoreland of Georgia; A. M. Pollock, of Pennsylvania; Frank Hastings, Hamilton, New York; G. M. Bemiss, of Louisiana; L. A. Dugas, of Georgia; Francis Bacon, of Connecticut; Hunter McGuire, of Virginia; A. J. Shurtleff, of California; E. M. Moore, of New York; O W. Holmes, of Massachusetts; G. A. Otis, United States Army; F. E. Gunnell, United States Navy. Respectfully submitted.

SAMUEL LILLY, *Chairman.*
JOHN H. CALLENDER, *Secretary of the Committee.*
JOHN C. HUPP, *Assistant Sec. of the Committee.*

Resolved, That the delegation now appointed to the International Medical Congress be authorized to fill vacancies in their body, caused either by absence or by those holding duplicate appointments.

On motion of Dr. Brodie the report was adopted.

Dr. J. L. Atlee moved that $1000 be appropriated to the Permanent Secretary, which was adopted.

Reports from Sections were presented and referred to the Committee of Publication.

On motion the hour of 11 was fixed to hear Dr. E. R. Squibb on the revision of the Pharmacopœia.

The President appointed as Committee on Bovine Vaccination, Drs. Martin, Foster and S. N. Troth.

The Secretary read the following:—

The Secretary of the Judical Council was directed to report to the Association, that, "In the matter of the charges against the Michigan State Medical Society, the Council is unable, at this time, to come to a decision, because of the large amount of documentary, and other evidence; and it withholds any expression of opinion until it shall have been able to give the subject the consideration it merits."

S. N. BENHAM, *Secretary.*

On motion of Dr. Bell,

Resolved, That there be appointed a committee of three persons, members of this Association, in each of those States where there has been no action taken for the establishment of Boards of health, to urge upon those States the necessity of the establishment of such Boards.

The Section of Medical Jurisprudence reported, and it was referred to the Committee of Publication.

The Surgical Section recommended, by a vote, that Dr. J. W. Thompson, of Kentucky, be appointed a Committee to report on "The Inheritance of Syphilis." E. T. EASLEY, *Secretary.*

The Secretary presented the report on Necrology, which was referred for publication.

On motion, Dr. R. J. Levis was made a delegate to foreign societies.

The Secretary read the following:—

OFFICES OF THE COMMISSIONERS FOR VICTORIA, FOR THE PHILADELPHIA EXHIBITION OF 1876,
PHILADELPHIA, June 7, 1876.

To the President of the Medical Association of America, Philadelphia.

SIR:—I have the honor to request the good offices of the Medical Association of America, under the following circumstances.

I have been asked by the Medical Association of Victoria to make some inquiries into the status of the medical colleges and schools of medicine in this country, and the validity of the degrees conferred by them. The laws of Victoria allow any person to practice medicine who possesses a diploma which shows that he has received such a medical education as would enable him to practice in his own country, and the Medical Society of Victoria, while well aware that in America, as in other countries, the professional status of the alumni of certain colleges is much higher than that of those in others, have no power or desire to cavil at the provisions of the laws.

It is, however, notorious that persons who cannot and have not received any medical education, who in some instances have not been absent from the colony for many months, and who, prior to their departure, had no acquaintance with any of the branches of medicine or surgery, return to Victoria with what purport to be American degrees or diplomas, upon the strength of which they apply to have their names enrolled on the list of legally qualified medical practitioners of Victoria. It is quite clear that these distinctions which they hold must have been gained improperly, and without study or examination; and it is upon this head, and with the hope of being able to prevent

such frauds upon the public and the profession, that I have been requested by the Medical Society of Victoria to address you.

I have, therefore, to ask that you will, at your convenience, favor us with a list of the colleges and medical schools in the United States which have the power of conferring degrees recognized by the profession in America.

Hoping that the interests and honor of your common profession will be sufficient apology for my troubling you, I have the honor to be your most obedient servant,

GEORGE COLLINS SAVAGE,
Secretary to Royal Commissioners from Victoria.

On motion of Dr. J. L. Atlee, it was entered on the minutes.

He moved, also, that the Judicial Council give the information.

Dr. Compton moved that a committee of three be appointed to reply to it.

Dr. H. C. Wood moved, as a substitute, that this Association deems it not best, at present, to give such sanction to any colleges.

After much discussion, Dr. Lilly moved to amend, that it be referred to the Council, and the Secretary acknowledge its receipt.

The amendment was adopted and the matter was so referred.

Other discussions arising on this subject, on motion of Dr. Toner, all questions relative to this matter were laid on the table.

On motion of Dr. Richardson, Ky., thanks were tendered the Committee of Arrangements for their efforts to provide for the Association.

On motion, Dr. I. P. Davis, Pa., offered the following:—

Resolved, That the Committee of Arrangements be requested to provide a post office or other means of communication between members attending conventions of this Association and also a hotel register.

Dr. Pepper moved to amend, that a permanent Committee on Business and Arrangements be created, who shall take into consideration this subject.

Dr. Davis accepted the amendment, and it was adopted. Committee:—Dr. N. S. Davis, Illinois, Chairman; Drs. W. Pepper, Pa; W. Brodie, Mich.; I. P. Davis, Pa., and J. M. Toner, D. C.

On motion of Dr. J. C. Hupp, W. Va., it was

Resolved, That the thanks of this Association be and are hereby tendered to Drs. D. Hayes Agnew, J. Solis Cohen, Louis A. Duhring, H. Lenox Hodge, John H. Packard, Wm. H. Pancoast, Wm. Pepper and Ellwood Wilson, for marked courtesies and attentions to the members of this Association.

The minutes and papers of the Section on Medical Jurisprudence, etc., were referred to the Committee of Publication.

On motion, the President was requested to appoint a committee to conduct the President-elect to his post, which was composed of Drs. J. L. Atlee and Toner.

The President-elect, Dr. H. I. Bowditch, of Massachusetts, then assumed the Chair.

The retiring President, Dr. Sims, made a farewell address, to which Dr. Bowditch replied in appropriate terms.

On motion of Dr. Waterman, of Indiana, it was

Resolved, That the thanks of this Association be given to the retiring *President* and Officers of this Association, for their services to this body during the year past.

On motion of Dr. Garcelon, of Maine, Dr. Bowditch was requested to serve as a delegate to the International Medical Congress, and use his own discretion as to all questions which might come before it.

Dr. E. R. Squibb, of New York, then offered the following resolutions, which, after a very full explanation by that gentleman, were unanimously adopted:—

WHEREAS, The usual time for a decennial revision of the United States Pharmacopœia is drawing near; and,

WHEREAS, The plan of revision and publication in force since 1820 may not now be the best that could be devised; therefore, be it

Resolved, That the American Medical Association take the whole subject of the National Pharmacopœia into consideration, for a review of its management, and for the present time with especial reference to the following questions:—

First, Whether the present plan of decennial revision and publication be practically sufficient for the needs of the materia medica and pharmacy of the present time; and, if not sufficient, whether a plan could be devised which might offer probable advantages enough to justify an attempt to disturb the present one.

Second, Whether this Association be the proper custodian in this country of the interests involved in the National Pharmacopœia; and, if it be the proper source of the National Codex, whom can it invite to coöperate with it in the work?

Third, If it be a work for this Association, in what way can its details be wisely undertaken with any prospect of material improvement upon the present plan?

Resolved, That in order to facilitate mature and general deliberation upon so important a subject, the final discussion of these resolutions be laid over for at least one year, and that the matter be recommended to the President of the Association for consideration in his annual address for the meeting of 1877.

On motion of Dr. Sayre, Dr. Squibb was requested to reduce to writing his plan, that it might be published with the Transactions, and that it be made the special order for 10 A. M., on the second day of the session of 1877.

Dr. Woodward, U. S. A., moved to amend, that the whole subject be made the special order at that time, and that Dr. Squibb be requested to give his views in detail. The amendment was adopted, and the resolution as amended was adopted.

Dr. Bell, Iowa, offered the following, which was, on motion, laid upon the table :—

Resolved, That, as a Centennial memento, there be prepared by this Association the history of the original discoveries, improvements, and observations of the past century of American medicine, surgery, obstetrics, and such collateral branches as may be claimed as original productions, and that a committee of experts be appointed to report at our next annual meeting.

On motion of Dr. W. C. Jacob, of Ohio, it was

Resolved, That this Association is under *marked* obligations to Professor L. A. Sayre, for his admirable practical demonstration of his appliance for Pott's disease, which, indeed, makes a new era in surgical science.

A vote of thanks was tendered to the Messrs. Kiralfy, for the use of the Alhambra Theatre.

On motion, adjourned to meet in Chicago, in June, 1877.

Editorial Department.

Periscope.

On Boracic Acid and its Applications.

This chemical promises to be of no little importance in local therapeutics as a bland antiseptic.

The following is from an article in the *Lancet*, by Leonard Cane, M. D., B. S., London, consulting surgeon to the Peterborough General Infirmary :—

The use of boracic acid and the different preparations containing it has been introduced as part of the antiseptic system, and its advantages have been well dwelt upon by Professor Lister, Mr. Godlee and others. But it is as a *simple* dressing for wounds of all kinds, altogether apart from the antiseptic system, strictly so called, that I wish to draw attention to it.

However great the advantages of Mr. Lister's method of dressing wounds, it is undoubtedly felt by the great majority of surgeons, especially those engaged in private practice, and whose time is often limited, that the details and the time required for their proper performance practically prevent its use in all ordinary cases. In hospital practice, where skilled assistance is always at hand, and in the higher class of purely surgical practice, I believe that the antiseptic mode of dressing wounds is by far the best. But we want something which, while it has to a certain extent the merits, yet is without those tedious details, and which can readily be performed by any one without assistance.

The preparations of boracic acid have now been rather extensively tried by me for some months, and in all the cases in which they have been used the results have been good, and decidedly better than under the ordinary methods of dressing. The most convenient forms for use are the boracic (boric) lint and cotton-wool, a concentrated watery solution of the acid, and boracic ointment. Boracic lint is prepared by soaking lint in a saturated boiling solution of the acid. On drying the lint a copious deposit of fine flaky crystals takes place between its fibres. Cotton-wool may be similarly served, and when dried and carefully picked out forms a very useful dressing. The concentrated solution is made by dissolving the acid in boiling water to saturation. The ointment is made by rubbing down one drachm of the acid with one ounce of simple ointment, or benzoated lard.

Boracic acid, unlike most antiseptic agents, is bland and unirritating ; and, whilst its non-volatility renders it less useful in some cases than carbolic acid, its great superiority to this and to chloride of zinc resides in its unirritating nature. The boracic lint is best used as a dry dressing, and for recent wounds where simplicity is desired it has no equal. A pad of lint applied immediately over the wound, and kept in place by pieces of strapping, is all that is required, and union by first intention is a common result.

For boils on the neck and elsewhere the boracic lint is an excellent application ; a piece large enough to hide the boil, and covered with a piece of gutta-percha tissue, often gives great relief. For carbuncles and other cases in which it is desired to apply a poultice, I have found the new "instantaneous poultice," prepared from Iceland moss by Messrs. Rigollot, a capital and efficient remedy. The poultice should be prepared by soaking it for a short time in the boracic lotion, and when applied should be covered with gutta-percha tissue.

Lastly, in some of the vegetable parasitic diseases, such as pityriasis versicolor, tinea circinata, etc., the boracic lotion and ointment will often be found serviceable.

Briefly to sum up the advantages of boracic acid :—

1. It is an antiseptic which does not irritate and inflame, and so allows the natural processes of healing to go on without much interruption.

2. It is exceedingly simple in its application,

and can be used apart from all the details required by a thoroughly antiseptic method.

3. It can be used in the shape of the lint lotion, cotton-wool, etc., in combination with most other methods of treatment.

4. Its cost is trifling; and though this is of secondary importance, it is a feature of the treatment which will recommend its employment in workhouse infirmaries and in dispensary and parish practice.

On Subcutaneous Osteotomy of the Femur.

This important surgical operation was recently ably discussed before the Clinical Society of London. Subcutaneous osteotomy, Mr. Adams observed, had of late received a great stimulus, but bones could not always be divided with the same degree of safety or freedom from inflammation as tendons; though the great majority of cases operated upon had proceeded just as favorably as though subcutaneous tenotomy had been performed. There were now three subcutaneous operations for dividing the neck or shaft of the femur, in cases of bony, and sometimes in fibrous, anchylosis of the hip-joint, cases which were not previously amenable to treatment, except by operations of such magnitude as those of Rhea Barton, of Philadelphia, and Sayre, of New York. 1. The operation proposed by Mr. Adams, of subcutaneous division of the neck of the thigh-bone: applicable to all cases of anchylosis in which there was but little diminution in size, or alteration in shape of the head and neck of the femur. Twenty-four of these operations had been recorded, with only one death from pyæmia, and another, eight months after the operation, from chronic suppuration, with kidney-disease. 2. Mr. Gant's operation of dividing the shaft of the bone subcutaneously, with a small saw, just below the small trochanter: applicable to cases in which the neck of the femur could not be divided in consequence of the structural alterations from disease. 3. Mr. Maunder's operation in the same situation as Mr. Gant's, and applicable to similar cases, but performed by means of the chisel and mallet. Mr. Adams' experience led him to prefer Mr. Gant's operation, where the neck of the femur could not be divided; and he believed that the small subcutaneous saw would be found a more manageable instrument than the chisel and mallet.

In his operation, the method suggested by Professor Volkmann, of Halle, was followed by Mr. Maunder, and chisels and a mallet were used. A double-edged knife was employed for the puncture of the soft parts; and great stress was laid upon the division of these in such a manner that the wound in the skin should not communicate directly with that in the bone. Great care had also to be exerted when one instrument was replaced by another, as the knife by a chisel and one chisel by another, the one instrument being used as a guide to the other. The wound might or might not be closed by a catgut suture, and a compress and strapping were then employed. Bony union was to be encouraged by rest and a suitable splint. Mr. Maunder deemed it important also to support the soft parts about the wound, in order to prevent oozing into the track of this, by the application of a sand-bag after the patient was in bed. After both operations on M. A. J., primary union of the soft parts occurred. The child was shown standing erect, and with her lower extremities parallel. Another instance was that of a man aged 21, who had had hip-joint disease for seventeen years, and in whom a discharging sinus existed before the operation, and existed still. The same operation was performed, and the deformity was remedied. He could stand erect, with the lower extremities parallel. Possibly the most interesting case, as showing the importance of osteotomy, was that of Richard H., aged 30, sailor by occupation. He broke his left thigh at sea, and there being no surgical aid, the fragments had united at an awkward angle, with complete eversion of the foot. The man stated that the leg was perfectly useless to him as a sailor, by reason of this eversion, and he was most anxious to have something done to remedy this condition. Here the shaft of the bone was divided. The foot could then be turned to the required position, and was so maintained. The wound healed primarily; the man never had an ache, or a pain, or a disturbed night, and in six weeks bony union had occurred. In contemplating osteotomy at the upper extremity of the femur, the point of division must depend upon the condition of the parts. Mr. William Adams' operation—section of the neck of the thigh-bone—appeared to be applicable to cases of anchylosis and deformity in which the head of the bone remained in the acetabulum, both without material loss of substance and also in the absence of much surrounding thickening about its neck. On the other hand, if there were great thickening, requiring an extensive use of the saw so as to leave large surfaces of sawn bone in apposition, this extent of surfaces alone would prevent a restoration of the extremity to the desired position, and small benefit only would result from the operation.

Liquor Potassæ in Diphtheria.

In a letter to the June number of the Boston *Journal of Chemistry*, Dr. Edward H. Sholl, of Gainesville, Alabama, says:—

Some five or more years since, my attention was called to an article on this subject in my weekly companion, the Medical and Surgical Reporter, of Philadelphia, by a physician of Philadelphia, whose name I do not now recall, directing attention to the use of the liquor potassæ in this disease.

Not satisfied with any treatment pursued in my practice prior to that time, the resolution was made to test this. An opportunity was soon afforded in a case of an adult male, and of ex-

treme severity. To be certain, four physicians were called to examine and diagnose the case. All agreed as to its specific nature. For more than twenty-four hours the disease had been treated with iron, chlorate of potash, ammonia, etc., but the symptoms of debility, with local invasion of the throat, were rapidly increasing. All previous medication was suspended, and he was put upon the use of the liquor potassæ alone, in twenty-drop doses every three hours. In thirty six hours every trace of the membranous deposit was gone, and the fever subsiding. The patient went on to speedy convalescence, and was soon able to leave my office, where I had kept him in order to conduct the experiment accurately. Since that time the remedy has been used, with like result, in every case of diphtheria coming under my care, and is given in doses suitable to age, every three hours. Usually, in the early stage, I alternate it with a four-ounce saturated solution of chlorate of potash, to which is added one fluid drachm of hydrochloric acid and two of tincture of iron, of which a small teaspoonful, properly diluted, may be given to a child six years old every three hours, allowing thus an hour and a half between the different medicines. When the membrane disappears, the iron mixture is discontinued, and an emulsion of cod-liver oil and syrup of lacto-phosphate of lime used till strength is restored. The liquor potassæ is continued as long as the membrane is present, and until the fever entirely gives way.

Reviews and Book Notices.

BOOK NOTICES.

A Manual of the Diseases of the Eye. By C. Macnamara, F. C. U., Ophthalmic Surgeon to the Westminster Hospital. Third edition. 8vo, pp. 614. Philadelphia, Lindsay & Blakiston, 1876.

Although bearing the imprint of a Philadelphia publishing house, we suspect that this book was printed in London, and forms one of the series of manuals of Messrs. Churchill & Co. The author is well known to us, for as early as 1866 we received and studied with pleasure and satisfaction his "Lectures on Diseases of the Eye," whilst he was Surgeon to the Calcutta Ophthalmic Hospital, and Professor of Ophthalmic Medicine and Surgery in the Medical College of Calcutta. He was the first to show by a carefully-colored drawing, the fundus of the eye in the native of India, which is quite different from that of a European, and this fact we found of great utility in our study and examination of the eyes of the colored race, so numerous in this country. Dr. Macnamara has been a hard worker, and when in India was keenly alive to all the influences of a hot climate upon the diseases of the eye. He has returned to London, where he was at one time the student of the men with whom he now associates as colleague; also as the Ophthalmic Surgeon to Westminster, one of the young hospitals of the great metropolis. The manual under consideration is of very convenient size, furnished with most admirable colored plates, having fifty-two wood-cuts distributed through the text. This volume has an additional advantage in the brief marginal notes so useful to the student or busy practitioner, who at a glance can see what he wants. Snellen's test-types are found upon the concluding pages, and in some few instances might be found of use.

Chapter I.—Fourteen pages are devoted to the anatomy of the eye, not in simple, dry detail, but made interesting in its relation to diseases of the parts. Two pages are occupied with the accommodation of the eye. The cut of the vertical section of an eyelid is certainly very diagramatic, but is nevertheless correct.

Chapter II. describes the methods employed for the examination of the eye, and for testing the vision of patients; the ophthalmoscope, its principle and uses; ophthalmoscopic appearances of the eye. In this part of the work the colored illustrations and diagrams will be found of great value to those who cannot afford the cost of extra plates, because they are selected from the large works of Liebreich, Jaeger, Galezowski and Stellwag von Carion. He observes:—"On the whole, I believe that Liebreich's small ophthalmoscope is preferable to all other instruments of the kind."

Chapter III—Diseases of the Orbit.—This is a most practical chapter, and contains notes of many interesting cases during the author's long residence in India, while he culls from all sources, not omitting the United States. In these two chapters we notice extracts from the writings of Drs. Williams and Hodges, of Boston.

Chapter IV—Diseases of the Eyelids.—Under the head of diseases of the skin of the lids, he enumerates herpes zoster, impetigo, leprosy, vitiligo and eczema. The treatment of the pain of herpes zoster is what we have always relied upon, and so published in this journal,

viz.: a subcutaneous injection of atropia, or morphia, or, what we like better, the two combined, and introduced as near the supra-orbital foramen as possible. The extract of belladonna and sulphate of quinine to be administered internally, and the acetate of lead lotion applied over the inflamed skin (p. 89). Instead of incumbering his work with numerous proceedings advocated for the cure of chronic entropium and ectropium, the author gives the operations he has himself practiced with success, making, what we admire about it, a simple operation, and not magnifying it into a most complicated one. He, however, refers his readers to works where the whole subject is treated in *extenso*.

Chapter v—Diseases of the Lachrymal Passage.—In this chapter he follows one of his old teachers, Mr. Bowman, discarding the "style." In place of it, the lachrymal duct is opened and probes of various sizes are passed into the nasal duct. In stricture, complicated with a lachrymal fistula, the probe should, if possible, be passed through the nasal duct twice a week, until it is fully dilated: the natural passage of the tears being thus restored, the fistula will probably heal of itself. (p. 140.)

In Chapters vi and vii he takes up Diseases of the Sclerotic and Conjunctiva, and seems to think it hardly wise to retain the word "ophthalmia" to designate diseases of the conjunctiva, but to designate them under hyperæmic, muco-purulent, purulent, diphtheritic, granular, and pustular. This is generally done in this country in opthalmic reports. "With regard to the diphtheritic form of the disease, it is rare to meet with a case among the natives of India, or, in fact, among the inhabitants of any parts of the world, except those of Belgium and certain parts of Germany." In the United States we find only two cases of the diphtheritic in one thousand. The most prevalent form of conjunctivitis is the catarrhal, in which there are about five hundred in the thousand; then follows the granular, one hundred and fifty to the thousand. In chronic granular conjunctivitis, he has tried many of the so-called specifics, but has never cured a case. He prefers the use of the sulphate of copper, applied to the lids every other morning, or until we have induced a considerable amount of irritation of the parts, ending in suppurative conjunctivitis of a mild character. If the patient is placed in improved sanitary conditions, the disease may disappear of itself, unless the neoplastic growths have given rise to cicatricial tissue, replacing the healthy conjunctiva. In combination with general treatment of this description, in chronic cases of granular conjunctivitis, complicated, as they always are, with more or less haziness of the cornea, tannic acid dusted into the afflicted eye, once or twice a day, affords the patient a better hope of relief than any treatment. "I need hardly say that soldiers suffering from this form of conjunctivitis in the tropics should be sent to Europe."

Chapter viii.—He takes up the general pathology and diseases of the Cornea, concluding with an interesting description of leprous affections of the cornea and iris among the natives of India. As far as his experience goes, in treatment by means of tonics, combined with arsenic, change of climate and a generous diet, he has seen cases improve. We cannot cure the disease, but he is persuaded its progress can be retarded for years.

In Chapter ix our author takes up diseases of the Iris, and describes iritis under three heads: first, the simple or plastic; secondly, the serous; and lastly, the parenchymatous or suppurative.

Chapters x and xi are devoted to the diseases of the Choroid, Retina, Elastic Lamina and Optic nerve. Our author writes of the great importance of excluding the eye from the stimulation of light or heat in hyperæmia of the retina, not omitting the administration of tonics (of quinine and arsenic), in all cases subjected to malarial influences, together with change of air. Under the head of Tumors of the Retina, he only treats of one form, "glioma," and gives one case of successful removal, with an illustrative photograph. He devotes considerable space to an interesting account of functional disorders of the retina, "as night, snow, lightning and color blindness."

Chapters xii, xiii, xiv, xv and xvi, are taken up with the Diseases of the Vitreous and Lens, Strabismus, disorders of Accommodation and Refraction, with a short chapter on Congenital Malformations of the Eye.

In concluding this notice of Dr. Macnamara's work, we would say that we consider it one of the best manuals on diseases of the eye, and especially well adapted to the wants of the student of our day, being well illustrated, clear, and condensed, and yet embracing a consideration of almost everything necessary for him to know in Ophthalmology. L. T.

THE

Medical & Surgical Reporter,

A WEEKLY JOURNAL,

issued every Saturday.

D. G. BRINTON, M. D., EDITOR.

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QUACK MEDICINES AT THE EXHIBITION.

It is notoriously easier to pick to pieces than to put together, to criticise than to construct. In such a vast enterprise as the Exhibition which attracts so many thousands to Philadelphia, it were quite miraculous were there not divers real shortcomings, besides those various discrepancies which result from an effort to harmonize conflicting tastes. On all such points the judicious visitor will cultivate a cosmopolitan liberality. But there are some features of it which are in no way defensible, and throw unquestionable discredit on the managers. One of these is *the exhibits of quack medicines.*

If there were any difference of opinion among competent parties on the propriety of selling quack nostrums, the giving prominence to this shameful practice might be overlooked. But there is none. Not only is it unanimously condemned by every medical journal and society, regular, homœopathic, and eclectic, but the pharmaceutical associations are a unit in disapproving of it. This very year the American Pharmaceutical Association has commenced a serial publication on purpose to discountenance the sale by druggists of these secret preparations. Not only this, but in most civilized countries legal enactments either prohibit their sale or insist on the vendors giving publicity to their formulæ and maintaining their preparation in accordance therewith; and the most respectable newspapers in all countries refuse to advertise secret nostrums.

It is notorious that many of these preparations are inert; others are not so, but are dangerous, especially those for allaying pain and producing sleep; while those which are not cheats or poisons must necessarily be often used when needless or when not indicated, and thus work an injury to the public.

The exhibition of patent and secret nostrums can in no sense be a proper feature of an industrial display. These bottles and pills, both the ingredients and manufacture of which are concealed, give no incentive to culture in any respect; they teach nothing; the exhibit cannot possibly benefit anybody but the proprietor; and it does this at the expense of the more ignorant class of visitors, and of the managers of the exhibition, on whose intelligence and sense of propriety it becomes a conspicuous and lamentable commentary.

We should have had nothing to say on this unpleasant subject if the exhibits of the great army of quacks had been few and of little prominence. We should charitably have supposed that they had slipped in under favor of the crowd, and that silence about them would be the wisest.

But there is no opportunity left to draw this conclusion. A concession has been granted one notorious Eastern patent-medicine man to put up and devote a whole building to the display of his nostrums; and in the Main Building prominent cases are filled with these certificates of American ignorance and gullibility. Circulars and handbills are prominently laid out for

the crowd to pick up; and thus the traffic which all honest physicians and pharmaceutists are striving to check is fostered and countenanced by the very men who should have represented the foremost culture and best interests of the time.

Nor does any discretion appear to have been used. True, the Commissioners had no means of telling whether a quack medicine to which they gave the benefit of the exhibition was vinegar and brick-dust, or a more potent material; but it was possible to restrain the energies of this class of exhibitors in some directions. We have before us two circulars, both from rather large exhibitors in Agricultural Hall. One of these has sixteen pages extolling an elixir "for preserving the beauty and restoring the health of women, and maintaining the strength and virility of men"! It is filled with certificates and positive promises to cure sterility, uterine congestion, puerperal convulsions, (!) and, of course, impotence and spermatorrhœa.

The second circular is in regard to the medical value of a certain extract. It commences with the following profound remark: "It is well known that the source of all diseases is in the impurity of the blood and in the crassitude of the bodily humors"! And this is the stuff the International Centennial Exhibition of 1876 permits to be supplied for the education and culture of its visitors!

We do not for a moment suppose that these circulars have come to the notice of the Commissioners. But they are not single instances. The error was in allowing the exhibition of quack medicines at all; and it was a grievous one. There is still time to prohibit the distribution of quack-medicine circulars; and this much, out of respect for the profession of medicine, the respectable body of pharmacists, and the intelligent members of the community at large, ought to be done. These, without exception, and with entire disinterestedness, have over and over again shown the injury done the public by secret nostrums.

Notes and Comments.

Therapeutical Notes.

DRESSING FOR BURNS.

Dr. Q. C. Smith extols, in the *Pacific Medical and Surgical Journal*, the following dressing as the best for burns:—

Mix subnit. bismuth with pure honey until it forms a thick paste, spread the mixture plentifully over the burned surface and the parts near adjoining, as soon as possible after the burn occurs. Then cover the parts thickly with cotton-wool batting and bind closely. In the majority of cases, this dressing should not be removed for three or five days, when the parts should be immersed in water until the dressing is very soft and easily removed. The same dressing should be immediately renewed.

RHEUMATISM MIXTURE.

The editor of the Nashville *Medical Journal* says of the following prescription that he can attest its value in rheumatism, gout, and all other diseases in which there is an excess of proportion of white corpuscles to the red:

℞.	Chlorate potassa,		℥ss
	Tr. guaiacum,		℥ij
	Tr. phytolacca,		℥j
	Muc. acac,		q. s.
	Honey,		q. s.
	Cinnamon water,	q. s.	℥iij.

Teaspoonful every two hours.

AMMONIA IN RHEUMATISM.

According to Dr. F. Heller, of Vienna, small doses of liquor ammoniæ, one to two drops, well diluted, are most efficient in rheumatism. He gives it in both chronic and acute, muscular and articular rheumatism, with alleged success.

Acquired Vomiting.

A surgeon in the British navy, Mr. R. Nelson, says, in a recent letter to an English contemporary:—Vomiting is not always to be considered as an objective symptom of disease, and that it is a power easily acquired every Eastern juggler knows, and turns to good professional account. When the food is thrown up in an *undigested* state, and the vomiting confined to the period of the morning or evening visits, whilst the patient remains well nourished, malingering may be strongly suspected, especially when any motive for fraud exists.

Paris and Fonblanque mention a case where a young woman in a convent swallowed a

quantity of bullock's blood previous to being visited by a physician, and vomited it up in his presence; and Orfila relates a very disgusting case which occurred in La Charité of a girl who swallowed her own fæces in order to eject them again at the visit hour. Beck, in his "Medical Jurisprudence" gives a case of periodical vomiting, which occurred night and morning, at the physician's visits. In the interval the patient ate his usual allowance of food without injurious effects, and on his being constantly watched the vomiting was found to cease.

The Observance of Sunday.

Much discussion has taken place in this city on the propriety of opening the Exhibition on Sundays. Apart from all questions of a religious character, any one who will estimate the vast additional amount of labor on man and horse which would be required to keep it open, will see that it would be injudicious thus to make the celebration of our liberty an unusual task and heavy toil to thousands. As medical men are the sanitary advisers of the nation, they should unite in insisting on the strict observance of one day in the week as a *day of rest* to the utmost practicable extent. Hygiene demands it, and history proves its value.

Philadelphia's Sanitary Situation.

The *Sanitarian*, in commenting on the neglect of Brooklyn to protect herself from the diseases bred in the swamps and artificial filth-ponds in the vicinity of the canal, speaks of Philadelphia as "less favorably situated for health" than Brooklyn, while at the same time showing that the rates of mortality here are much smaller.

Cut-and-dried theories of what is and what is not a healthy situation are of little value as against carefully-compiled statistics. Philadelphia is healthy, not through careful sanitary supervision, but more through its manner of building and general sewer-drainage.

Recreations for Hospital Patients.

The "Flower Mission," of this city, a beautiful charity, is actively engaged in sending bouquets to the various hospitals. The solace of flowers to the bed of sickness is one felt by all invalids, and should be furnished to all. Another kindly suggestion is that of toys to sick children.

The attention of charitable and considerate women has been given in this and in other American cities to the provision of amusements for children in hospitals and other public institutions. In private houses where children are ill the prescriptions of the physician and the care of the nurse are supplemented by the bringing out of books, toys, flowers, and whatever else can divert the thoughts of the little sufferers. To relieve the mind is to relieve the body. In a place where, whatever else may be provided, the solaces of home are absent, such remedies are doubly useful.

Correspondence

THE CENTENNIAL INTERNATIONAL EXHIBITION.

Letter III.

THE MEDICAL BOTANY OF THE SPANISH-AMERICAN EXHIBITS.

Centennial Exhibition, June 8th, 1876.

Ed. Med. and Surg. Reporter:—

The arrangement which the Commission have adopted for the display of articles is such that one who wishes to study any particular line of products has to walk and search a good deal. At least, I found it so, when one morning I set forth to take a look at the medico-botanical collections of our southern neighbors. But, for the very reason that they are so scattered, this letter will gain additional value as a guide to those who would follow my footsteps. Therefore, instead of taking the countries in their geographical position on the map of America, I shall follow the geography of the Exhibition buildings.

On entering the west door of the Main Building, immediately on the right of the central avenue is the space occupied by Chili. Two upright cases of bottles contain the economical medicinal products of that distant country. They are, however, not very striking. Two jars of the leaves of *Boldoa fragrans* and one of the bark, indicate that this therapeutic novelty is a native of Chili. *Eucalyptus* bark is also shown, and specimens of native species of *Sanguinaria*, *Haplapappus*, *Salvia*, *Ruta*, and *Weinmannia*, all of more or less medical interest.

The Peruvian collection is near that of Chili, to the east. It is conspicuous for its varieties of cinchona barks; but, at the time of my visit, the remaining specimens of the medical flora, if there are any, were not unpacked.

Mexico is found toward the northeast angle of the Main Building. For the very satisfactory exhibit it offers, we have to thank the Mexican Society of Natural History, which has entered into the affair with commendable energy. They have sent one hundred and twenty specimens of fine native woods and quantities of resins, coloring matters, essences, alimentary products, and medicinal plants. The cinchona raised in Mexico by Señor Nieto, and the archil of California, deserve especial attention. Most of the medical herbs are arranged in a case near the window. Among them I may specify the *Gonphrena procumbens*, the leaves of which enjoy a high repute as a cure for cancer; *Liquidamber styraciflua*, from the vicinity of Vera Cruz; the *Croton ciliato glandulosum*, Cassia, Jalap, Eupatorium, Ipecacuanha, etc. The leaves, bark and flowers of the Mexican Calisaya are handsomely displayed. There are, also, fine specimens of vegetable wax in blocks and candles, made from the seeds of the *Myrica jalapensis*.

In order to find the remaining collections from equatorial America, we must journey over to the Agricultural Building. Here, on the left—that is, on the western side—we reach first the collections of the Estados Unidos de Venezuela. The representation is fair. Quassia bark, Copaiva bark, Simaruba bark, Cinchona, Sarsaparilla, etc., are shown in moderately good specimens.

Much more complete is the exhibit in medical botany of Brazil, which is close to that of Venezuela. The whole exhibit is prominent and tasteful. The eye is first attracted by the numerous and beautiful specimens of native woods. The medical plants are shown in packages and boxes, fully labeled with their botanical and popular name, their habitat, and each box bears a brief description (in Portuguese) of the use and alleged virtues of the specimen. Several fine samples of Jaborandi are of course prominent. The *Acacia angico* and the large jars of its gum will not be overlooked. It is a popular Brazilian local application in leucorrhœa, sprains, bruises, etc. Other of the indigenous herbs worth noticing are the *Croton fuleus* extolled in rheumatism, gout, etc.; the *Jacoranda procera*, employed in syphilis and skin diseases; *Triumfetta semi-triloba*, useful in chronic gleet and catarrh; *Dorstenia cordifolia*, very popular as a febrifuge, being an active diaphoretic and diuretic; a species of *Erythroxylon* from Ceara, recommended as an anti-syphilitic and anti-rheumatic. It is also said to be eaten by the native wild hog, when in its frequent conflicts with venomous serpents it does not escape a bite. The *Cassia serica*, a leguminous annual from Ceara, is extolled in asthma and catarrhal fever.

Close to the specimens of the plants is a case of fluid extracts prepared from them by the pharmacist, Mr. C. F. Dias. No doubt any one curious to try their alleged properties can order from him reliable preparations.

The collection from the Argentine Republic was but partially unpacked when I made my visit. It is situated in Agricultural Hall also, not far from that of Brazil, in a northwesterly direction from it. Yours, A.

Ergot a Galactifuge.

Ed. Med. and Surg. Reporter:—

Having seen a report of a physician that the ergot of corn had arrested the secretion of milk in cows that ate it, I concluded to try it the first favorable opportunity, which did not present itself until in October, 1875.

Mrs. B., aged about 34 years, healthy and well formed, was pregnant the eighth time. Of her seven previous confinements only one of her children lived any length of time, and it but a few months only. Her nipples being imperforate, it was impossible to draw the milk from the breasts, and in consequence she suffered because of from one to four mammary abscesses in each breast after each confinement.

She was delivered of her eighth child October 30th, 1875, a male, well formed and healthy. Her labor was natural, and the placenta and membranes were removed without difficulty. I immediately ordered:—

℞. Fluid ext. ergot (Squibb's)
Syr. simplic, āā ℥jss. M.
Sig.—Teaspoonful every four hours.

On the fourth day her breasts were considerably swollen and painful to the touch. I ordered them to be rubbed with oil of peppermint three times daily, and hot fomentations to be kept applied. Thirty-six hours after, the swelling and pain had disappeared, and Mrs. B. made a good recovery, without an abscess or any further trouble.

December 15th, 1875. I delivered Mrs. O., primipara, after a very tedious labor, of a still-born child, at full time. I gave her the same prescription, she commencing to take it as soon as possible after her confinement. At this time she was suffering from an intermittent fever, and the seventh day after confinement she had a slight attack of pelvic metro-peritonitis, which passed away speedily, and she made a good recovery, without any trouble with her breasts.

April 6th, 1876, I delivered Mrs. H., after a prolonged and difficult labor, of a still-born child, at full time. I exhibited the same prescription. The fourth day her left breast became swollen, and by the aid of a breast pump there was drawn away, perhaps, half an ounce of milk. After the use of opium, to ease the pain, and hot fomentations, she made a good recovery.

I have prescribed it in a number of other cases, where the results were as satisfactory, but the cases not as important, and therefore not worth reporting.

Dr. Leonard, of Detroit, Michigan, has had a similar experience, as reported in the Chicago *Medical Journal and Examiner*, for April, 1876.

J. B. Washburn, M. D.

Logansport, Ind.

News and Miscellany.

Association of Superintendents of Institutions for the Feeble-minded.

Among the numerous conventions which this Centennial year has called to Philadelphia, that of the Superintendents of American institutions for the feeble-minded is important and interesting, as marking an era in the history of this comparatively new, but well-tested work.

On invitation of the Superintendent and Board of Directors of the Pennsylvania Institution, at Media, the following gentlemen, representing various State and private establishments, met to deliberate:—

Dr. H. B. Wilbur, Syracuse, New York; Dr. H. Knight, Lakeville, Connecticut; Dr. Tuck, Boston, Massachusetts; Dr. G. A. Brown, Barre, Massachusetts; Dr. G. A. Doren, Columbus, Ohio; Dr. C. T. Wilbur, Jacksonville, Illinois; Dr. E. Seguin, a distinguished author of text-books and essays on idiocy, in both French and English; and Dr. Isaac N. Kerlin, of Pennsylvania. These gentlemen represent seven American institutions, in which are domiciled and trained 1214 of this formerly neglected class.

The business of the meeting was to discuss the position which the work now holds, and to form an Association of Medical Superintendents, and others who are interested.

It would seem that the capacity for improvement of the pupils and patients varies in the different institutions; from ten to twenty per cent. of the total number may be rendered self-supporting; the habits of almost all can be improved, so as to render their lives happier to themselves and less burdensome to others. A number of important questions were, for want of time, laid over for future discussion, such as a proper nomenclature for the diverse forms of idiocy; whether education and training should be based on physical considerations; whether it should commence at the earliest age at which those afflicted can dispense with the mother's care; whether the efforts of the institution should look to the industrial occupation of all who can be taught to work, irrespective of the class in society from which the child comes; the treatment of adults, whether they can be sent back to their homes, be boarded out, or be best congregated in adult asylums, to be managed as industrial establishments for manufacturing, or agricultural industry.

To further the national interest in, and the growth of, the work, an organization was effected under a suitable title, the meetings of which will be held annually; the next at Columbus, Ohio, on June 5, 1877. The objects of the Association are thus briefly stated in Art. 2 of the Constitution, *e. g.*: "The discussion of all questions relating to the causes, conditions, and statistics of idiocy, and to the management, training and education of idiots and feeble-minded persons. The Association shall also lend its influence to the establishment and fostering of asylums and institutions for this class of defectives wherever needed."

West Virginia State Medical Society.

This Society met at Wheeling, June 1st, Vice-president Dr. J. O. Wall in the chair. There was a full attendance, and a number of papers were read and referred to the Committee of Publication.

The following officers were elected:—

President—Dr. E. A. Hildreth, of Wheeling.

First Vice-president—Dr. Hukill, of Brooke county.

Second Vice-president—Dr. Shriver, of Brooke county.

Third Vice-president—Dr. Morgan.

Treasurer—Dr. John C. Hupp, of Wheeling.

Secretary—Dr. William M. Dent, of Grafton.

Board of Censors—Drs. Stidger, Van Kirk, Hall, of Ritchie, Ramsey, Brock, Brownfield, Campbell.

Personation of Eminent Physicians.

Hardly a physician attains eminence but that some low-lived quack assumes his name, and travels under it. Dr. Sichel, of Paris, the eminent oculist, was much annoyed by the acts of a rogue, who went about under his name, sometimes declaring that he was Dr. Sichel's brother, and at others that he was the doctor himself. Latterly, he was trying his fortune at Havre, where a former assistant of Dr. Sichel's had him arrested. Once taken, he was dealt with sharply enough, being sentenced to two years' imprisonment and a fine of 600 fr. He was also condemned to pay Dr. Sichel 1000 fr. damages, and to advertise his condemnation in a great number of the Paris and provincial newspapers.

Personal.

—Professor Granville Dowell, M. D., of Texas, is in this city, at the La Pierre House, superintending the publication of his "Treatise on Hernia." This work, of 250 pp., will be furnished subscribers at $3. It will be a most valuable contribution to surgery.

—Professor Schiff, the distinguished physiologist of Florence, has accepted a call to the chair of physiology in the new medical department of the University of Geneva.

—Dr. M. K. Mavity, Secretary of the Board of Health of Kokoma, Ind., reports 21 deaths per 1000, in 1875, in that city.

DEATHS.

WAUGH.—Dr. Alexander Waugh died at Navasota, Texas, on the 30th of April, 1876, aged 68 years. He was born in Fauquier County, Virginia, practiced a few years in Missouri, when declining health caused him to visit Texas, where he spent about fifteen years, being constantly engaged in practice.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1008.] PHILADELPHIA, JUNE 24, 1876. [Vol. XXXIV.—No. 26.

Editorial Department.

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M. D., EDITOR.

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EXCLUSIVE DOGMAS.

The Michigan State Medical Society, at its meeting held in Ann Arbor, May 10–12th last, passed resolutions, by a large majority, condemning the existing situation of the Medical Department of the University of Michigan, because the faculty of that department includes two homœopathic professors. One of the resolutions was as follows:—

Resolved, That section 4 of the constitution of this State Society be amended, so as to read as follows, viz: "Section 4. The resident members should be elected by vote of a majority present at any regular meeting, their eligibility having previously been reported upon by the Committee on admission; *Provided*, That no person shall be admitted to membership who practices or professes to practice in accordance with any so called "party" or sectarian school of medicine, or who has recently graduated from a medical school whose professors teach or assist in teaching those who propose to graduate in or practice irregular medicine."

The Pennsylvania State Medical Society, at its meeting in Philadelphia, June 2d, as was seen in its report in this journal, unanimously passed the following—

Whereas, The Dauphin County Medical Society has endorsed the action of the surgeons and physicians in resigning their positions, in 1873, on the staff of Harrisburg Hospital, on account of the introduction of homœopathic practice.

Resolved, That this society do commend and approve of that action.

Resolved, That while approving that action, we cannot too fully endorse the high-toned professional spirit which prompted the medical staff to decline to have anything to do with an institution that recognizes any system of practice based upon exclusive dogma.

The public generally, and the profession in some of its branches, will probably characterize these acts as indicating "jealousy." They suppose that the motive which prompts scientific physicians to discountenance homœopathy, is that they are afraid of it as a business com-

petitor. To this opinion we do not, at present, address ourselves. More charitable readers may attribute the opposition to a disbelief of the distinctive homœopathic principle of "the law of the similars," that like cures like. Now both these views are utterly wide of the mark.

The law of the similars, regarded as a generalization from observed facts, will be received with neither more nor less opposition than any other asserted induction; it will be examined by the same tests and under the same canons; if it be shown to be correct by these, it will be received with just as much readiness by the whole body of intelligent scientists as any other verifiable generalization will be.

The vital, the *only* motive which inspires the opposition above recorded is, that to state as a dogma, to be received with unquestioning faith, that which, if true, could only be a generalization from a limited number of facts, is so contrary to the methods of science that it must necessarily paralyze investigation and check the advance of discovery.

Rational doubt is the frame of mind in which *every* scientific generalization must be received. No matter what authority there is for such a statement, it must ever be regarded as fallible and open to correction. In no branch of science is a fixed principle, or any kind of dogma, to be admitted. We could give the logical necessity of this were it worth while; but in this connection it is not. Suffice it to say, it is clearly acknowledged by all eminent thinkers. One instance may be enough. Professor Faraday stated, once for all, the necessary position of the man of science, in these strong words:—

"In knowledge, that man only is to be contemned and despised who is not in a state of transition"; and again, "Nothing is more difficult and requires more caution than philosophical deduction, nor is there anything more adverse to its accuracy than fixity of opinion."

It is precisely because scientific physicians are bound by every tie of duty to aim at accurate and honest deduction, that they abhor and oppose fixed opinions, exclusive dogmas. Were they to yield on this point, the progress of knowledge would be stayed, and the art of medicine would become as it was among the Galenists of the middle ages, or as it is now among the Chinese. To swear in the words of any master, or to accept as a law of nature that which at the utmost could be but an induction of experience, is to fall back toward mediæval darkness, and to manifest an entire ignorance of the logic of scientific investigation.

We have been informed that all the regular colleges of New York City and Brooklyn (except the Woman's Medical College) have agreed to recognize the tickets and diplomas of the Ann Arbor school, in spite of the action of the State Society.

As to whether the action of that school was fairly open to the censure contained in the resolutions of the State Society, is a question on which the Judicial Council of the American Medical Association will report next year, after an impartial examination of the evidence. We offer no opinion upon it. But from the pamphlets and papers we have seen relating to it, we fear that the real issue is in danger of being lost sight of in a cloud of personal and technical minor questions. This issue is, Does the present constitution of the Ann Arbor Faculty tend to the real or implied recognition by that school, as such, of the homœopathic dogma? If it does, in the least degree, and by any fair construction, then the action of the State Society should be upheld; but if not, the mass of the profession will feel no immediate interest in sustaining the resolution quoted.

Notes and Comments.

American Malt Liquors.

The National Brewers' Association, which met in this city this month, state that last year's product was nearly nine millions of barrels of malt liquor; and that the increase for some years has been about three quarters of a million barrels a year. Whether this large production and consumption are attended by

beneficial effects upon public health and morals, by displacing to a large extent the use of heavy alcoholic stimulants, is a question fraught with interest to physicians, social scientists and philanthropists, and one which deserves their best attention. Of one thing we may be pretty sure, that is, that the American malt liquors are, as a rule, well made, and are free from adulterants.

The Principle of Function Variation.

Professor A. Dorn published, in Leipzig, last fall, a pamphlet of eighty odd pages, intended to show that the Articulata are derived from annelid progenitors. His reasoning is ingenious, and worth the attention of naturalists. We refer to it, to introduce his theory of the variation of functions. This is, that the function of every organ is divisible into a main and a number of subordinate functions. The former may diminish and one of the latter take its place, and this brings about a greater or less change in the anatomy etc. of the organ itself. There is much evidence for this theory, and its importance in the doctrines of evolution will not be overlooked.

Instances of Pulsating Liver.

A writer in the *British Medical Journal* describes two cases of pulsating liver he had examined in the London Hospital:—

On placing the hand on the abdomen, over the enlarged liver, the pulsation was felt without difficulty; it was a diffused sensation, and in one case unequally distributed. Both the patients had cardiac disease and large nutmeg livers, as post-mortem examination subsequently showed. This phenomenon, it is believed, is dependent on tricuspid regurgitation transmitting a wave through the dilated right auricle, down the valveless inferior cava, into the distended intra-lobular veins of the liver; and it is usually met with in cases in which there has been long-continued venous distention, produced by the valvular disease of the heart, or, it may be, by great emphysema or fibroid changes in the lungs; that is to say, when chronic changes in the heart or lung have much obstructed the pulmonary circulation and dilated the right heart. It would be instructive to determine why pulsation is often absent when the liver is much enlarged by venous engorgement. We might suspect it is only present when the intra-lobular branches have been much dilated, and the increased size of the vessels, and thereby the increased quantity of blood, allows the wave to pass downward, less broken, and thereby appreciable. If such be the reason, it is probable that there is always some pulsation in a nutmeg liver, but that it is very feeble, and therefore inappreciable.

Correspondence.

THE CENTENNIAL INTERNATIONAL EXHIBITION.

Letter IV.

THE MEDICAL BOTANY OF THE UNITED STATES.

Centennial Exhibition, June 15th, 1876.

Ed. Med. and Surg. Reporter:—

The description I gave in my last of the medical botany of the Republics south of us on this continent may now be supplemented with a brief reference to what our own States have to show in that line. It is no slight undertaking to find out what has been forwarded, as the exhibits are scattered through Agricultural Hall, the pharmaceutical department in the Main Building, and some of the State Buildings.

Commencing at the first mentioned, not far from the aquaria and the wonderful tobacco exhibits, I found a case of reversed jars from Missouri, containing agricultural products and medicinal plants, seeds of lauro-cerasus, the white and gray poppies, anise, cumin, etc.

Iowa presents a fine herbarium, protected by a glass case, with very beautiful specimens of her native flora. The exhibitor is Mr. J. C. Arthur, and the case reflects much credit on his skill.

Oregon, the splendid samples of whose cereals are subjects of general comment, sends also a small but very neatly displayed exhibit of cultivated herbs, sage, tansy, rue, lavender, peppermint, etc.

A number of collections are to be found in the buildings devoted to special State displays, but as several of these are still incomplete, I shall pass them by for the present, and call the attention of your readers to the one which, no doubt, will surpass them all. This is from North Carolina.

In Agricultural hall there is a tasteful collection of native woods and useful plants from Charlotte county, Western North Carolina; the specimens are large in size and judiciously arranged.

But the most complete from the "old North State" is the exhibit of the Messrs. Wallace Brothers, from Statesville, North Carolina, in the Main building, not far from the centre music stand, in a southeasterly direction from it.

This is most deserving a careful study by the

medical botanist. It displays six hundred and four pressed plants, each species with some claims to belong to the Materia Medica. Five hundred and sixty-two of these are in frames and glass covers, and forty-one are mounted on paper. The whole are so arranged as to form the four sides of a small room, the walls of which, inside and out, present a series of beautifully-mounted floral gifts.

The firm have printed a catalogue for gratuitous distribution to physicians and pharmacists. The total amount of their botanical collection is as follows :—

Matera Medica	Fruits.....	265	varieties.
" "	Flowers.....	80	"
" "	Wood.....	137	"
" "	Plants.....	602	"
Mosses:	.....identified,	93	"
"	.....not identified,	106	"
Mushrooms, in glass covered box not identified.....		...	
Materia Medica crude substances		400	"
1 Jar Momordica Balsamea, fruit		1	"
1 " Cactus opuntia, fruit.....		1	"
1 Box Lycoperdon soldium.....		1	"
1 " Convolvulus panduratus...		1	"
Total number, excluding the Mushrooms.....		1739	"

The curious *Tuckahoe*, which some of your correspondents were writing about a few months ago, may be found among these. As decidedly the most interesting single exhibit of medical botany in the Exhibition, I have felt it a duty to give this energetic firm a prominent place in my letter.

In my next I shall take for my theme some feature of the European departments.

Respectfully, A.

News and Miscellany.

An International Medical Society.

At the last meeting of the Western and St. Clair Medical Association, Canada, Dr. Jenks, of Detroit, President of the Michigan State Medical Society, said he was authorized by the Michigan, Ohio and Indiana State Medical Societies to bring before it the matter of forming a sort of limited International Medical Society, for purely scientific purposes and discussion, to embrace the States above named and a portion of Western Ontario. After some discussion as to the desirability and best means of bringing this about, steps were taken to do so.

Items.

—A telegram from Montreal says the foot-and-mouth disease has broken out with great virulence among the hogs at Claremont. Hundreds are dead and dying. It is now generally acknowledged that this disease may attack the human species also.

—Chicago has a Floating Hospital Association, organized to take sick children on free excursions on the lake for the benefit of their health.

Personal.

—Gen. Samuel M. Zulick M. D., died at his residence in this city, June 10th, aged 53 years. Gen. Zulick was born at Easton, Pa., and was a graduate of Jefferson Medical College, Philadelphia. In May, 1861, he entered the army. His capabilities as a soldier were certified to by highly complimentary testimonials from General Sherman, Governor Geary and Generals A. W. Williams. During President Johnson's administration Gen. Zulick was appointed Collector of Internal Revenue, and held the position for one year.

—The Nestor of homœopaths, Count Friederich Berthold, von Ungarschütz, died in Prague, April 3, at the age of 96 years. He had traveled extensively in South America, through which continent he accompanied Madam Ida Pfeiffer.

MARRIAGES.

ATWATER—OAKLEY.—On the 7th inst., at Elizabeth, N. J., by the Rev. Dr. Lyman H. Atwater, of Princeton, Edward S. Atwater, and Gertrude V., daughter of Dr. L. W. Oakley, of Elizabeth.

BERLIN—INSLEY.—In the Presbyterian Church of Bath, Pa., May 23d, by the Rev. David M. James, James O. Berlin, M. D., and Lillie, only daughter of Isaac Insley, of the Settlement.

COFFIN—GALE.—On Wednesday, June 14, at the Tompkins Avenue Congregational Church, by Rev. C. D. Helmer, assisted by Rev. George E. Reed, Charles A. Coffin, and Alice E., daughter of George S. Gale, M. D., all of Brooklyn.

COOKE—COWDREY.—At New-Rochelle, on Thursday, June 8, by Rev. Cornelius Earle, of Catasauqua, Penn., Maria Burritt, second daughter of Peter A. Cowdrey, deceased, and Henry G. Cooke, M. D., of Holmdel, N. J.

FRAZER—MCKIBBIN.—On Thursday, June 8, 1876, at Ashland Pa., by the Rev. Daniel Washburn, Robert Frazer, Jr., of Philadelphia, and Elizabeth M., daughter of Dr. David J. McKibbin, of Ashland.

JOY—THORP.—In Fairfield, Conn., on Wednesday, June 14, at the residence of the bride's parents, by Rev. Dr. Samuel Osgood, Henry De Witt Joy, M. D., of New York, and Abbie G., daughter of Andrew Thorp, Esq.

DEATHS.

DOWNS.—In New Orleans, La., May 19th, Louisa Frances, wife of Dr. H. L. Downs, and youngest daughter of Mrs. E. Willington, of Brooklyn.

EVANS.—On Sunday morning, at 1 o'clock, Mary E., third daughter of Dr. I. and Annie E. Evans.

MACKAY.—At Stanwich, Conn., June 6th, Dr. Hugh Mackay, in his 79th year.

PORRE.—At St. Louis, May 27th, 1876, Lucy B., wife of Dr. R. J. Porre, at her residence, 1220 Olive street.

STONE.—Suddenly, on Wednesday, June 7th, Dr. John O. Stone, of this city.

WETMORE.—On Friday, June 9th, at Harlem, Eliza Jane, wife of Dr. William J. Wetmore, and daughter of the late Nicholas Campbell, Esq.

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Medical and surgical reporter
(Philadelphia)

GERSTS